|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name of Inspector:** |  | **Organisation:** |  | **Inspector Signature:** |  |
| **Technical Expert Name:** |  | **Technical Expert Signature:** |  | **Date:** |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Category** | **Sub category** | **Design verification Inspection** | **Fabrication Inspection** | **Commissioning and In-service Inspection** | **Repairs and Alterations Inspection** | **Process verification Inspection** | **Fitness for service inspection** | **Technical Expert Review** |
| **Inspector***(Refer to Note 1)* | **TE Review**Agree / DisagreeY/N | **Inspector***(Refer to Note 1)* | **TE Review**Agree / DisagreeY/N | **Inspector***(Refer to Note 1)* | **TE Review**Agree / DisagreeY/N | **Inspector***(Refer to Note 1)* | **TE Review**Agree / DisagreeY/N | **Inspector***(Refer to Note 1)* | **TE Review**Agree / DisagreeY/N | **Inspector***(Refer to Note 1)* | **TE Review**Agree / DisagreeY/N | Witness/ InterviewW/I | Comments |
| Lifts |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Lifting Devices in accordance with AS 4991:2004 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Elevating work platforms |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Type 1 – 6 monthly inspections |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Type 2 – major inspections |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Fitness for service inspection in accordance with AS/NZS 3788:2006 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**Please Complete shaded sections only and submit to IANZ**

**Note 1:** Competence Model inspectors: indicate which categories the inspector has been authorised for, either as a trainee (T), inspector (I) or a signatory (S)

 Signatory Model signatories: indicate if this is an initial assessment (IA) or a re-assessment (R) for each of the relevant categories