

# IECEX Scheme

## Certification of “Ex” Service Facility (Workshop)

### APPLICATION FORM

Reference:

Do you require TestSafe to issue:

Facility Audit Report

New Application

Certificate of Conformity

Supplementary

<b>Type of Service Facility:</b> Rotating Machines <input type="checkbox"/> Enclosures <input type="checkbox"/> Controls <input type="checkbox"/> Instruments <input type="checkbox"/> Luminaires <input type="checkbox"/> Other (State details):		
<b>Part A: APPLICATION INFORMATION</b>		
Name of Applicant:		ABN: <i>(if applicable)</i>
Email Address of Applicant:		Phone No:
Address (Street):		Fax No:
City:	State:	Post Code:
Country:		
Address (Postal):		
City:	State:	Post Code:
Country:		
Authorised Contact Person:		Position:
Email Address of Authorised Contact Person:		
If the applicant is not the Service Facility, evidence is to be provided that the applicant is authorised to act on behalf of the Service Facility for the application and the Service Facility undertakes to abide by the IECEx Scheme Rules.		
<b>Repair &amp; Overhaul Workshops location(s) (if different from applicant):</b>		
Name:		Phone:
Address (Street):		Fax:
City:	State:	Post Code:
Country:		
Contact Person:		Position:
Email Address:		

*(If space insufficient please attach extra sheets)*

**Part B: PRODUCT INFORMATION AND CERTIFICATES OF CONFORMITY**

**1. Certificate of Conformity:** Identify any Certificates of Conformity already held for the repair services.  
*(If new Certificate of Conformity required, go to 2.)*

*(If space insufficient, please attach details)*

**2. Equipment Category:** This will become the title of your Certificate of Conformity. It should include all options/variations to be covered.

*(If space insufficient, please attach details)*

**3. Type of Protection:**

Equipment	d				ia				ib	e	n	p	DIP	t <sub>h</sub>
	I	IIA	IIB	IIC	I	IIA	IIR	IIC						
Rotating Machines														
Enclosures														
Luminaires														
Instruments														
Process Control														
Other														

**4. Standard (s) –** (Are relevant Standards held for reference at Workshop?)      **Yes**       **No**

**5. Drawing(s) – Library Maintained at Workshop:**

**Part C: QUALITY MANAGEMENT SYSTEM INFORMATION**

**1. Does the Workshop have a Quality Management System complying with ISO 9001:2000 or equivalent?**

Yes

No

If Yes, state the name of the third-party certification body and enclose a copy of the certificate showing scope of certification:

**2. Does the Workshop have documented Instructions/Procedures relevant to the product/s types?**

Yes

No

If YES, please submit with this application references identifying the documents involved. (*To be used during assessment to identify and sign the complete instructions*).

**3. Is there an existing Ex Facility Assessment Report (FAR) associated with the submitted product/s?**

Yes

If YES, please provide a copy.

FAR Reference Number:

No

If NO, please fill in "**Site(s) to be Assessed**" below.

**Site(s) to be Assessed**

Details of Site 1:	No. of Employees:	No. of Test Reports to be covered:	Do you hold ISO9001 Certification (provide a copy):	List of Ex Standards to be covered:
Details of Site 2:	No. of Employees:	No. of Test Reports to be covered:	Do you hold ISO9001 Certification (provide a copy):	List of Ex Standards to be covered:

**Details of subcontracted work, eg. Machining, sub-assemblies, surface finishing, windings, relays:**

**List of Facility Assessment Reports covered by this assessment:**

**UNDERTAKING:**

I/we confirm that I/we have read, understood, agree and undertake to abide by the Rules and Procedures of the IECEx Scheme, as outlined in IECEx 03 and IECEx Operational Document OD 014, including regular surveillance auditing as required by the IECEx Scheme Rules, as well as TestSafe's General Terms and Conditions. Further we confirm that the equipment types which we undertake to repair or overhaul, for which this Facility is submitting for certification, are covered by competent persons at the level required by IEC 60079-19.

Competency

I accept that TestSafe Australia may interview and/or request the competent persons to demonstrate their skills by oral and/or practical application on equipment described in the schedule above and will be able to show that training has been undertaken in the types of protection for which they are required to repair, overhaul or modify, according to their position and qualifications within this service facility.

Invoicing

Address for forwarding invoice: \_\_\_\_\_

Accounts payable contact: \_\_\_\_\_

Phone \_\_\_\_\_ Fax: \_\_\_\_\_

I agree to pay all costs, as agreed, incurred in carrying out the above works in accordance with the Certification Body commercial forms.

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Certificate to be sent to:  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_

Signed for and on behalf of applicant:  
(Signature of Authorized Person)\* \_\_\_\_\_  
(Name in BLOCK LETTERS) \_\_\_\_\_  
(Title or position of Signatory)  
(in the case of a Company, Firm, or Partnership)  
Date: \_\_\_\_\_

\* Person signing on behalf of service facility shall be an authorized company representative.

**TestSafe Australia mailing address:** P.O. Box 592  
RICHMOND NSW 2753  
AUSTRALIA

**Site Address:** 919 Londonderry Road  
LONDONDERRY NSW 2753  
AUSTRALIA