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| **P604 Report Submission Form** |
| **Information for Candidates** |
| Please complete Part 1 – Certificate of Authorship and send the whole form to BOHS along with your commissioning report. Please save all report documentation in **one file**, and submit by using one of the options below:* Option 1: For files less than 10mb in size, email directly to levreports@bohs.org
* Option 2: For files more than 10mb in size, request a Dropbox link by emailing levreports@bohs.org
* Option 3: For printed documents, post to Reports Section, BOHS, Melbourne Business Court, Millennium Way, Derby, DE24 8LZ

**Data Protection Notice**We collect your personal data in order to confirm your candidate identity, so that we can process and m ark your assignment. The data on this form will only be shared with BOHS assignment markers and will not be shared with any external or third parties, unless we are legally required to do so.This form and your assignment are both stored on a secure computer server located at the BOHS offices in the UK. We will keep your assignment until you pass your qualification, or the timeframe for completing your qualification has elapsed; after this point, your assignment will be securely destroyed. This form is stored indefinitely as part of your qualification record, as we are legally required to do so.**Marking your report:*** Your report will be marked against the criteria listed in Part 2.
* The marker will decide if your report is complete, contains errors, or is incomplete for each section, and give you feedback.
* If any sections are incomplete, you must amend your report, provide a response in Part 3 which tells the marker what you have changes, and re-submit your report.
* The marker will then review your changes and decide if the assessment is now complete. You will receive further feedback if any sections are still incomplete.
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| **Part 1 – Certificate of Authorship** |
| I hereby certify that the following commissioning or re-commissioning report was carried out by me, the report is my own work and that I have obtained all the relevant permissions to use it for the purpose of complete my examination. |
| Name of candidate: |  | Date of Birth: |  |
| Contact Phone Number: |  | Email Address |  |
| **I confirm the following details:** |
| Contractor/Organisation Name: |
| Report title: |
| Address of premises where tests carried out: |
| Date of Submission: |
| Report Number: |
| **Your Training Provider:** |
| Name of Training Provider: |
| Name of Tutor: |

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| **Part 2 – Results and Feedback** |
| The sections below contain the report marker’s feedback and details of any information missing from the report. The marking criteria in this form directly relates to the Checklist of Report Requirements in the P604 Report Submission Guidance Document. |
| **Section A: Overall Feedback**Your report has been marked as:[ ]  **Complete – you have passed**[ ]  **Incomplete – more information is required** |
| **If your report is marked ‘incomplete’, please correct and re-submit for the following reasons:** |
|[ ]  The commissioning inspection is insufficient to be regraded as a **thorough** examination, test, and performance evaluation of an exhaust ventilation system. |
|[ ]  Some of the system commissioning documentation is missing (please see Section C for more details). |
|[ ]  There is no evidence that the report is solely the work of the candidate. Please clarify in a supporting statement that this is your own work, and include further details if you carried out the testing as part of a team. |
|[ ]  The report appears to have been carried out under supervision. Please clarify and, if relevant, supply supervisor’s statement. |
|[ ]  Some information or sections have been missed from the report (please see Section B for more details). |
|[ ]  There is insufficient evaluation of the treatment and discharge system. |
|[ ]  There are mathematical errors in the calculations in the report. |
|[ ]  Not enough measurements have been taken. |
|[ ]  Incorrect or inconsistent conclusions have been drawn from the commissioning and test data. |
|[ ]  The report indicates that a dangerous condition exists, but there is no evidence that this was communicated to the employer/client. |
|[ ]  References to legislation and other documentation are not up to date. |
|[ ]  Risk assessment is missing or insufficient. |
|[ ]  There are no acceptable or submitted layout sketches or plans of the assess area included. |
| Additional Comments (if required): |

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| **Section B: Report Content** |
| Boxes will be ticked next to any sections that are **incomplete**. Please include/amend these sections when you re-submit your report. You will need to list the changes you have made in Part 3 of this form before re-submitting. |
|  | A **title page**, including a report title, report number and name of employer responsible for LEV system. |
|  | **Contents page** |
|  | **Executive summary**, including:[ ]  The scope, type, and extent of LEV system. [ ]  Address of premises where commissioning was carried out.[ ]  The location and purposes(s) of LEV system[ ]  The hazardous substances and associated with health risks which require LEV control.[ ]  Clear statement of whether or note the system adequately controls these health risks.[ ]  Clear statement on any required action(s) and their priorities. |
|  | **Introduction and background section**, including:[ ]  Description of premises – age and nature of the building(s).[ ]  Description of LEV systems to be commissioned, examined and tested.[ ]  The scope of the work required.[ ]  The purpose, aims, and objectives of the system.[ ]  Date of commissioning or re-commissioning, examination and test of the LEV system.[ ]  Date of the previous system commissioning (if relevant). |
|[ ]  **A simple labelled diagram of the LEV system layout and location**, including text/measurement points and discharge arrangements (with photographs where appropriate). |
|[ ]  **Description of the work and processes**, including:[ ]  Identification and location of the LEV system.[ ]  The hazardous substance(s) and associated health risks that the LEC system is designed to control.[ ]  The general condition of the LEV system, including hood serial numbers and photographs of relevant parts of the system.[ ]  The conditions at the time of the test, and whether this was normal production or special conditions for test purposes for the whole or part of the testing sequence.[ ]  Your own site-based risk assessment and safety procedures carried out prior to testing. |
|  | **Test methods used to make a judgement of performance**, including details of:[ ]  The test equipment used (e.g. manometers, smoke generators, dust lamps etc.)[ ]  How the visual inspection and assessment was carried out – where the system was examined and where measurements were taken.[ ]  The types of measurements taken to measure LEV system parameters (e.g. airflow/face velocities/duct transport velocities/static and total pressure measurements/velocity pressures/volume flows for ducts etc.)[ ]  Calculations and measurement values used.[ ]  Test methods to check the condition and effectiveness of the fans and filtration system, and the effectiveness of the disposal control of any associated collected dusts.[ ]  Details of any minor adjustments carried out in the course of the commissioning to improve performance. |
|[ ]  **Results and findings**, including:[ ]  A comparison between the LEV design specification performance and the actual commissioning results.[ ]  The results of any air sampling relevant to LEV system performance.[ ]  Comments on the way operators used the LEV, and whether there are any appropriate instructions on system use available to them.[ ]  Comments on system wear and tear, and whether components may need repair or replacement before next thorough examination and test.[ ]  Whether any treatment systems equipped with fire/explosion venting or control are properly designated and observed (if relevant).[ ]  A qualitative/quantitative assessment on the cleanliness of any re-circulating filtered discharge air.[ ]  Observation of whether an LEV logbook exists for the system. |
|[ ]  **Conclusions of system performance**, including:[ ]  Statement on whether the LEV system is capable of adequately controlling risk from the hazardous substance(s).[ ]  Confirmation regarding compliance between commissioning and design performance data.[ ]  Details of any dangerous conditions, and how and when this has been reported to the employer.[ ]  details of recommended actions that are required to be taken by the employer to improve performance.[ ]  The candidates name, job title, and signature.[ ]  Details of any minor adjustments or repairs carried our to make the LEV system effective. |
| Additional comments (if required):  |
| **Section C: Supporting Documentation** |
| Boxes will be ticked next to any sections that are **incomplete**. Please include/amend these sections when you re-submit your report. You will need to list the changes you have made in Part 3 of this form before re-submitting. |
|[ ]  LEV system logbook page and routine check log sheet |
|[ ]  Maintenance records, including a maintenance log sheet example |
|[ ]  System user guide (if not previously supplied to workers). |
|[ ]  Health and safety risk assessment related to visit of the test site. |
|[ ]  Calibration certificates for test instruments. |
| Additional comments (if required): |

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| **Part 3 – Candidate’s Response** |
| Candidates should use this section to directly respond to the marker’s feedback, if they need to re-submit their report. Please make a note in the left-hand column which section(s) of the report have been changed, and in the right-hand column what the changes are. |
| **Section(s) for re-submission**(e.g. Title page incomplete) | **Your response**(e.g. Title page added to report on page 2) |
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