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| **IP601 Report submission form** |
| **Information for candidates** |
| Please complete Part 1 – Certificate of Authorship and send the whole form to BOHS along with your workplace report. You will need to complete **one form** **per report**. Please save all documents in **one file** and submit through 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 mark 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 UKWe 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 or 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 changed, 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 workplace 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 completing 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 IP601 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 report submitted is insufficient to be regarded as a **thorough** examination and test of a local exhaust ventilation system. |
| [ ]  | The report is a computer generated generic report that requires the author to put information in about the system being evaluated. This information has not been put into the report. Please correct and resubmit report. |
| [ ]  | There is no evidence that the report is solely the work of the candidate. Please clarify in a supporting statement that this is your work, and include details if you carried out the testing as part of a team. |
| [ ]   | The contents of one report are mixed up with the contents of the other. Please rectify and re-submit. |
| [ ]  | 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 below for more details). |
| [ ]  | There is insufficient evaluation of the treatment and discharge system. |
| [ ]  | There are mathematical errors in the calculations of the report.  |
| [ ]  | Not enough measurements have been taken. |
| [ ]  | Incorrect or inconsistent conclusions have been drawn from the 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. |
| [ ]  | Field notes are missing or insufficient. |
| [ ]  | Risk assessment is missing or insufficient. |
| [ ]  | There are no acceptable or submitted layout sketches or plans of the assessed area included. |
| Additional comments (if required):       |
| **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 and report number by which the report can be identified. |
| [ ]  | **Contents page** (for long reports). |
| [ ]  | **Executive summary**, including:[ ]  The scope, type and extent of LEV system.[ ]  The location and purpose(s) of LEV system.[ ]  The hazards that the system has been installed to control.[ ]  Clear statement of whether the system adequately controls the hazard(s) or not.[ ]  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 examined and tested.[ ]  The scope of the work required.[ ]  The purpose, aims and objectives of the system.[ ]  The name of employer responsible for LEV system.[ ]  Date of the examination and test, and date of the previous examination and test (if known). |
| [ ]  | **A simple labelled diagram of the LEV system layout and location**, including test/measurement points and discharge arrangement (with photographs where appropriate). |
| [ ]  | **Description of the work and processes**, including:[ ]  The process hazard and/or hazardous substance(s) the LEV 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 assessments and safety procedures carried out prior to testing.[ ]  Existence of any maintenance records and/or LEV log book kept on site. Where possible, this should include  details of commissioning or system design data and any criteria of performance compliance.  |
| [ ]  | **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/pressure measurements, 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. |
| [ ]  | **Results and findings**, including:[ ]  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.  |
| [ ]  | **Conclusions of system performance**, including: [ ]  Whether the LEV system is capable of adequately controlling the hazardous substance(s)[ ]  Compliance findings comparison with commissioning and/or 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 candidate’s name, job title and signature. [ ]  Details of any minor adjustments or repairs carried out to make the LEV system effective. |
| [ ]  | Copy of **field notes**. |
| [ ]  | Copy of **risk assessment report**. |
| [ ]  | Copies of **calibration certificates** for test instruments. |
| Additional comments (if required):       |
| **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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