| | Trade Unit Certifica | Trade Unit Certification Sheets | | | | |
|--|------------------------------|---------------------------------|---|---|--|--|
| Name of Assessed Person: | sed Person: Registration: | | | | | |
| UNIT MEM24002: Perform Penetrant Testing | | | | | | |
| | | No. of Entries 1 | 2 | 3 | | |
| | | Tail / Job No. | | | | |
| 1. Determine ich requirements | a. Perform penetrant testing | LAME Sign. | | | | |
| Determine job requirements | | Dut | | | | |

Performance Criteria:

1.1 Follow standard operating procedures (SOPs).

1.2 Comply with work health and safety (WHS) requirements at all times.

1.3 Use appropriate personal protective equipment (PPE) in accordance with SOPs.

1.4 Identify job requirements from specifications.

Date Simulated

Yes

No

Yes

No

Yes

No

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|------------------------------|--|----------------|-----------|----|-----|---------------|-----|----|
| Name of Assessed Person: | | Reį | gistratio | n: | | | | |
| UNIT MEM24002: Perform Pene | etrant Testing | | | | | | | |
| | | No. of Entries | 1 | | 2 | ' | (T) | 3 |
| 2. | | Tail / Job No. | | | | | | |
| Prepare Inspection areas for | a. Surface cleaning and drying. | LAME Sign. | | | | | | |
| Penetrant Testing | | Date | | | | | | |
| | | Simulated | Yes | No | Yes | No | Yes | No |
| Performance Criteria: | | | | | | | | |
| | an them, and propage for tecting using appropriate proce | | | | | | | |

2.1 Identify inspection areas, clean them, and prepare for testing using appropriate procedures and materials.

2.2 Carry out preparation processes in accordance with the relevant procedures and statutory requirements.

2.3 Assess inspection areas visually and identify obvious discontinuities.

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| Name of Assessed Person: Registration: | | | | | |

| rm Penetrant Testing | | | | | | | | | |
|--|---|--|--|---|--|---|---|--|--|
| | No. of Entries | 1 | | 2 | 2 | | 3 | | |
| | Tail / Job No. | | | | | | | | |
| a. Observed changes in material homogeneity | LAME Sign. | | | | | | | | |
| | Date | | | | | | | | |
| | Simulated | Yes | No | Yes | No | Yes | No | | |
| | | | | | | | | | |
| ate penetrant test for the material and/or application. | | | | | | | | | |
| 3.2 Select test equipment and prepare in accordance with standards and/or procedures. 3.3 Select and apply appropriate test media in accordance with workplace and/or industry practices. | | | | | | | | | |
| n | riate penetrant test for the material and/or application. nd prepare in accordance with standards and/or procedures. | a. Observed changes in material homogeneity a. Observed changes in material homogeneity No. of Entries Tail / Job No. LAME Sign. Date Simulated Simulated Simulated | a. Observed changes in material homogeneity a. Observed changes in material homogeneity No. of Entries 1 Tail / Job No. LAME Sign. 1 Date Simulated Yes | a. Observed changes in material homogeneity No. of Entries 1 Tail / Job No. LAME Sign. Date Date Simulated Yes Simulated Yes No | a. Observed changes in material homogeneity a. Observed changes in material homogeneity No. of Entries 1 2 Tail / Job No. LAME Sign. 1 2 Date Image: Simulated Yes No Yes riate penetrant test for the material and/or application. Simulated Yes No Yes riate penetrant test for the material and/or application. nd prepare in accordance with standards and/or procedures. Image: Simulated Yes No | a. Observed changes in material homogeneity a. Observed changes in material homogeneity No. of Entries 1 2 Tail / Job No. Image: Comparison of the standards and/or application. Image: Comparison of the standards and/or procedures. | a. Observed changes in material homogeneity a. Observed changes in material homogeneity | | |

3.4 Carry out penetrant tests in accordance with relevant standards and specifications.

3.5 Check penetrant test equipment for defects and maintain and store it in accordance with procedures and manufacturer instructions.

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|--|--|---------------------------------|------------------|--|--|
| Name of Assessed Person: Registration: | | | | | |

| | No. of Entries | 1 | 2 | | 3 | 3 | |
|--------------------------------|--|-----------|--------|-----|----|-----|----------|
| 4. | | | | | | | |
| Interpret and Report the | hterpret and Report the a. Accurate identification of location and size of discontinuities. | | | | | | |
| Results of Penetrant Test(s) | Date | | | | | | |
| | | Simulated | Yes No | Yes | No | Yes | No |
| 4.2 Confirm defects in accorda | efects, and classify in accordance with national and international codes and nce with organizational procedures and industry practices. g accurate identification of location and size of discontinuities in accordanc | | | | | : | . |

practices, and customer service requirements.

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|--|--|--|---------------------------------|------------------|

Name of Assessed Person:

Registration:

Certification of Underpinning Knowledge and Skills to Perform Penetrant Testing

A person cannot be assessed as competent until it can be demonstrated to the satisfaction of the workplace assessor that the relevant elements of this unit of competency are being achieved under routine supervision on each type of system and on at least one (1) component of each group listed in the assessment conditions a) that are applicable to the enterprise. This shall be established via the records in the Log of Industrial Experience and Achievement or, where appropriate, an equivalent Industry Evidence Guide (for details refer to the Companion Volume Implementation Guide).

| UNIT MEM24002: Perform Penetrant Testing | |
|---|--|
| Evidence has been confirmed of the attainment of the following pre-requisite units of competency (as they are related | |
| to the attainment of the elements of competency specified in this unit). | |
| MEM11011, 13015, 16006, 18001, 24012 | |
| Evidence has been confirmed of the knowledge requirements for this unit as delivered by a CASR 147 Approved Organization. | |
| OR | |
| Assessment has been conducted to determine that the underpinning knowledge and skills have been achieved in | |
| accordance with the Competency Unit. | |

Certification of Unit Completion

I certify that I have reviewed the certification of the elements for this competency unit and that all the competency unit requirements have been met.

| Signed: | Assessor No MTO: | | мто: | | Date: | | |
|---|------------------|--|------|------|-------|--------------|--|
| Approved by: Technical Training Manager | | 01/12/2023 Uncontrolled if printed. | | R: 3 | | Page: 5 of 6 | |

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