

AA TT PRO 01a

Name of Assessed Person: Registration:

UNIT MEM24004: Perform Magnetic Particle Testing								
1. Determine job requirements		No. of Entries	1		2	3	3	
		Tail / Job No.						
	a. Perform magnetic particle testing.	LAME Sign.						
		Date						
		Simulated	Yes No	Yes	No	yes N	No	

- 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.



AA TT PRO 01a

Name of Assessed Person: Registration:

UNIT MEM24004: Perform Magnetic Particle Testing								
		No. of Entries	1	2	2	(1)	3	
2. Prepare Inspection areas for Magnetic Particle Testing  a. Surface cleaning and drying.		Tail / Job No.						
	a. Surface cleaning and drying.	LAME Sign.						
		Date						
		Simulated	Yes No	Yes	No	Yes	No	

- 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.



AA TT PRO 01a

Name of Assessed Person: Registration:

UNIT MEM24004:	Perform Magnetic Particle Testing						
3. Perform tests		No. of Entries	1	2		3	3
		Tail / Job No.					
	a. Observed changes in material homogeneity	LAME Sign.					
		Date					
		Simulated	Yes No	Yes	No	Yes	No

- 3.1 Select the most appropriate magnetic particle test for the material and/or application.
- 3.2 Select testing equipment and prepare in accordance with standards and/or procedures.
- 3.3 Carry out magnetic particle tests in accordance with relevant standards and specifications.
- 3.4 Check magnetic particle testing equipment for defects and maintain and store in accordance with procedures and manufacturer instructions.



AA TT PRO 01a

Name of Assessed Person: Registration:

UNIT MEM24004: Perform Magnetic Particle Testing							
4. Interpret and Report the Results of Penetrant Test(s)		No. of Entries 1	2		3		
		Tail / Job No.					
	a. Accurate identification of location and size of discontinuities.	LAME Sign.					
		Date					
		Simulated	Yes No	Yes No	Yes	No	

- 4.1 Assess indications and detect defects and classify them in accordance with national and international codes and standards.
- 4.2 Confirm defects in accordance with organizational procedures and industry practices.
- 4.3 Report test results in accordance with organizational procedures, accepted industry practices, and customer service requirements.



AA TT PRO 01a

Name of Assessed Person: Registration:

### Certification of Underpinning Knowledge and Skills to Perform Magnetic Particle 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 MEM24004: Perform Magnetic Particle Testin	ıg		
Evidence has been confirmed of the attainment of the	e following pre-requisite units of com	petency (as they are related	
to the attainment of the elements of competency sp	ecified in this unit).		
MEM11011, 1	13015, 16006, 18001, 24012		
Evidence has been confirmed of the knowledge requ	irements for this unit as delivered by	a CASR 147 Approved	
Organization.			
	OR		
Assessment has been conducted to determine that t	ne underpinning knowledge and skills	have been achieved in	
accordance with the Competency Unit.			
Certification of Unit Completion			
certification of offic completion			
I certify that I have reviewed the certification of the el	ements for this competency unit and	that all of the competency uni	t requirements have been met.
,	, and a series of the series o	,,,,,,,,	
Signed:	Assessor No.	MTO:	Date:
	<del></del>	<del></del>	



AA TT PRO 01a

Name of Assessed Person: Registration:

This Page Intentionally Left Blank