

Candidate's Name	
Date of birth:	
Address:	
NZQA Number:	
Email:	

---

**ASSESSMENT ACTIVITY**


---

**Activity No.** : 2

**Activity Title** : Participate in a HAZOP in the Workplace – Post Course Assignment

**Unit Standard No.** : 19341

**Outcomes & Evidence Requirements covered:** 19341 (4.1, 4.2) All other outcomes and range statements will be covered by a course test and task observation during the course.

**Please attach a scan of a photo ID** (required by NZITO).

Once completed, please scan and send this form to [training@safetysolutions.co.nz](mailto:training@safetysolutions.co.nz)

---

**CONDITIONS:** These activities are to be undertaken by the candidate in the workplace and be verified by the candidates supervisor.

The candidate has 6 months following attendance at the HAZOP participant's course to complete this assignment. Should this not be possible, for reasons beyond the control of the candidate, contact the assessor for guidance.

---

**RESOURCES:** No constraints

Candidate assessment result (circle): **C** / NYC / **FER**

Signature of Candidate / Date: \_\_\_\_\_

Signature of Assessor / Date: \_\_\_\_\_

## **Witness Testimony**

**Candidates name:**

*To be completed by the candidates manager*

**Name (print):**

**Phone:**

**Mobile:**

**Email:**

**Position:**

I verify that the candidate has prepared for and actively participated in a HAZOP review of at least half-day length.

Project name:

Date(s) of HAZOP review:

Role of candidate in HAZOP (e.g. Scribe, Operations Representative, Design Engineer etc):

**Signed:**

**Date:**