



cetop

*The Voice of the European
Fluid Power Industry*

EDUCATION RECOMMENDATIONS



★ ***APPENDIX: CETOP QUALIFICATIONS
APPROVED CENTRES GUIDELINE***

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APPENDIX: CETOP QUALIFICATIONS APPROVED CENTRES GUIDELINE

APPENDIX CETOP RE 2015/06.02 - H/P

For example that can be modified by the CETOP Member Associations

Appendices:

Typical Centre Approval Report Forms given for example that can be modified by the CETOP Member Associations.

- ★ **CENTRE APPROVAL REPORT FORM**
- ★ **CENTRE APPROVAL APPLICATION (CETOP/CA/1)**
- ★ **CANDIDATE REGISTRATION (CETOP/CR/1)**
- ★ **APPROVED CENTRE: EXAMINATION ENTRY (CETOP/EE/1)**
- ★ **EXTERNAL VERIFIER'S VISIT REPORT (CETOP/EV/1)**
- ★ **INTERNAL VERIFIER'S REPORT (CETOP/IV/1)**
- ★ **WORK EXPERIENCE VERIFICATION (HYDRAULICS EXAMPLE)**

CENTRE APPROVAL REPORT FORM

1	CENTRE DETAILS	2	RECOMMENDATIONS
	Centre Name:		Full Approval Tick
	Address:		
	Centre Contact:		Conditional Approval
	Tel. No. Fax No.		
	E-mail:		Period of Months
	External Verifier's Name:		
	Date/Time/Visit:		Rejection

3	CENTRE APPROVAL SOUGHT FOR	CODE	LEVELS			
			1	2	3	
	• Hydraulics and Control	H				
	• Industrial Hydraulics and Control	IH				
	• Mobile Hydraulics and Control	MH				
	• Power Pneumatics and Control	PP				

Please tick the appropriate box.

4	ACCOMMODATION/FACILITIES (Brief Report)
a)	Lecture Room Facilities/Layout
b)	Visual Aids/Presentation Methods
c)	Programme Notes/Support Materials/Software
d)	Manufactures Catalogues/CDs/Access to Web Sites/Library
e)	Fluidpower Publications and Relevant Standards
	Recommendations/Comments

5 RACTICAL FACILITIES/EQUIPMENT AVAILABILITY/ACCESS	
At this stage the External Verifier will make reference to “2.6” (pages 17–19) of Guideline Document relating to the equipment necessary to effectively deliver competence based programmes	
Report on the acceptability of the centre’s resources to effectively deliver the programme	
Comments	
Quality of Equipment	
Range of Equipment	
Age/Current	
Recommendations/Comments	

6	<i>CENTRE PROGRAMME DELIVERY AND MANAGEMENT</i>	YES	NO
•	Tutor Names: CVs Checked <u>Comments</u>		
•	Assessor Names: CVs Checked <u>Comments</u>		
•	Internal Verifier: CV Checked <u>Comments</u>		
	LEARNING METHODS TO BE USED		
Recommendations/Comments			

7	SCHEME ADMINISTRATION	YES	NO
•	Candidate Training Plans Established (Format) Comments		
•	Candidate Personal Development Plans Established (Format) Comments		
•	Systems for Progress Monitoring/Maintaining/Confidential – Secure Records <ol style="list-style-type: none"> 1. Assignments 2. Practical Task Preparation 3. Practical Task Assessment 4. Written Examinations 		
RESPONSIBILITY/CONTROLLED BY – (name)			
	Name of Examinations Officer Met during visit Tel No. Fax No. E-mail		
	Recommendations/Comments		

8	HEALTH AND SAFETY/HYGIENE	YES	NO
	<ul style="list-style-type: none"> • Health and Safety Policy Operational • Relevant Safety Notices in place • Risk Assessment carried out and recorded 		
	Recommendations/Comments		
9	EQUAL OPPORTUNITIES POLICY IMPLEMENTED		
	Comments		
10	EXTERNAL VERIFIER'S SUMMARY/RECOMMENDATIONS		
EVs Signature	Date		
Technical Manager National Fluid power Association	Date		

CETOP APPLICATION FOR CENTRE APPROVAL

Form CETOP/CA/1

Copy form as required

Send Back to national CETOP Member Association

Programme for Approval (name)

Name of Organization Full

Address Contact Name

Tel No

Position

Fax No

E-mail

Web

I have thoroughly read the CETOP Guideline Documents & Recommendations and I am fully aware of the necessary organizational commitment and equipment base required for Centre Approval.

I am aware of the associated costs for centre visits and would like you to arrange a visit to our organization to carry out a Centre Approval investigation.

We will forward to the national CETOP Member Association: Payment via Purchase order

tick as applicable

[]

[]

Date

Signed

For official use by CETOP Member Association staff

Date Application Received

Actioned by

Name of ET Member carrying out Centre Approval

Visit Date Planned

Outcome of visit

Financial Transactions completed

Date completed

Any other info:

CETOP INDUSTRY STANDARD QUALIFICATIONS

Candidate Registration

Form CETOP/CR/1

Copy form as required

This form must be completed by the Candidate and Approved Centre and returned to the National CETOP Member Association within 14 days of the date on which candidates are initially enrolled on to the prescribed CETOP programme.

The Centre will receive a Registration No. for each candidate from the CETOP Member Association, and all correspondence associated with the candidate should include this number. Once registered, this number is for life.

Personal Details (To be completed by the Candidate - BLOCK CAPITALS)

Full Name _____

Position _____

Employer's Name _____

Employer's Address _____

Contact Address (Home) _____

Tel No _____

Date of Birth _____

Fax No _____

E-mail _____

Programme Details

(To be completed by the Approved Centre - BLOCK CAPITALS)

Centre _____

Programme _____

Date of Enrolment _____

Signed _____

Date _____

CETOP M. A. REGISTRATION NUMBER : _____

Internal Record

(For Centre use)

Examination (written) _____

Practical Task Assessments _____

CETOP APPROVED CENTRE: Examination Entry

Form CETOP/EE/1

Copy form as required

This form must be completed by the Approved Centre and returned to the CETOP M. A. at least 2 months before the examination date. Centres will be charged based upon the number of candidates recorded and examination scripts will be sent to the centre accordingly.

Prescribed Programme/Scheme

Written Examination Date

Name of Organization

Full Address

Contact Name Position

Tel No Fax No

E-mail Web

Signature Date

The listed candidates will be sitting the written examination on the above date.

NOTE: This same form will also be used to record PASS or FAIL. From this information CETOP M. A. will send the respective Candidates' Qualification Certificates to the Approved Centres for dispatch.

No	Candidates Name	CETOP M. A. Registration No.	Examination Results P= Passed F= Fail	Competence-based-Units P= Passed	CETOP M. A. official use: Certificate Dispatched/Date
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

CETOP EXTERNAL VERIFIER'S VISIT REPORT

Form CETOP/EV/1

Copy form as required

External Verifier's	Date:
Name: Approved	Schemes
Centre:	Approved:
Centre Contact Person/IV:	Approval:

STANDARDS – (Tick a necessary)

	AUDIT CHECKS CARRIED OUT	UNSATISFACTORY	MEETING SCHEME REQUIREMENT
1	Overall Management Including:		
	• Scheme Management Candidate		
	• Systems for Tracking Progress		
	• Areas of Responsibility		
	• Document Control System		
	• Health and Safety Policy		
	• Quality Systems		
	• Internal Verifier Reports		
2	Individual Candidate Records (Random Check)		
3	Inspection of Candidate Assignments		
4	Inspection of Practical Task Assessments		
5	Inspection of Candidate Individual Portfolios		
6	Inspection of Completed Examination		

Scripts

ANY ADDITIONAL CHECKS CARRIED OUT

External Verifier's Comments: _____

Actions to be taken: _____

Copy Sent to Approved Centre	Tick []	Date: _____
Copy Sent to CETOP M. A.	[]	Date: _____
Copy to File	[]	Date: _____

CETOP INTERNAL VERIFIER'S REPORT

Form CETOP/IV/1

Copy form as required

Internal Verifier's Name: _____

Approved Centre: _____

Qualifications Under Review: _____

Candidate Start Date: _____

Date of Verification: _____ Report No: _____

Initial Information Required

(Answer or Tick Box)

- 1 Number of candidates enrolled and registered with CETOP M. A.:
- 2 Number of candidates active on scheme to date:
- 3 Number of candidates taking next written examination:
- 4 Number of candidates successfully completed written examination:
- 5 Number of candidates preparing to resit examinations:
- 6 Number of candidates completed/part completed practical task:

Verification

(Organizational and Quality Control)

		CHECKED	
		Yes	No
I	Candidate individual record folders – content against checklist	[]	[]
II	Candidate assignment progress records	[]	[]
III	Register for candidates attending modules	[]	[]
IV	Course feedback reports from candidates (4 monthly)	[]	[]
V	Completed practical task assessment profiles	[]	[]

Please tick the appropriate box.

Verification

(Assessment Process)

Yes

No

Discussed candidate progress with assessor/s

[]

[]

Please tick the appropriate box.

Assessor/s Name/s:

Comments:

Final Remarks

Overall performance of Centre to meet the scheme requirements as laid down by the national CETOP Member Association and meeting requirements of the External Verifier.

..... Acting as Internal Verifier on behalf of this Centre I am Satisfied/Not Satisfied with the scheme management, records and methodology.

Actions/Recommendations:

Tick

Copy Sent to External Verifier

[]

Date:

Copy to File

[]

Date:

WORK EXPERIENCE VERIFICATION

Candidate Registration

Form CETOP/WE/1

Copy form as required

This form must be completed by the Candidate and the employer and returned to the National Fluid power Association (CETOP M.A.).

Personal Details (To be completed by the Candidate - BLOCK CAPITALS)

Full Name

Position

Employer's Name

Employer's Address

Contact Address (Home)

Tel No

Date of Birth (Civil reg. no.)

Fax No

E-mail

.....

EMPLOYER WORK EXPERIENCE: Verification Entry

Form CETOP/VE/1

Copy form as required

This form must be completed by the Employer of the candidate and returned to the CETOP M. A. by the candidate.

Employer Programme/Scheme

Personal Details (To be completed by the Employer representative - BLOCK CAPITALS)

Verification Date

Name of Organization Full

Address

Contact Name

Position

Tel No

Fax No

E-mail

Web

Signature

Date

Practical task assessments to verify competency about:

- INSTALLATION
- COMMISSIONING
- PERFORMANCE TESTING
- PROACTIVE MAINTENANCE AND MACHINE MANAGEMENT
- SERVICING
- COMPONENT REMOVAL AND REPLACEMENT

Verified by employer, system related, work based experience

Instruction:

Describe what type of work the candidates have been done within:

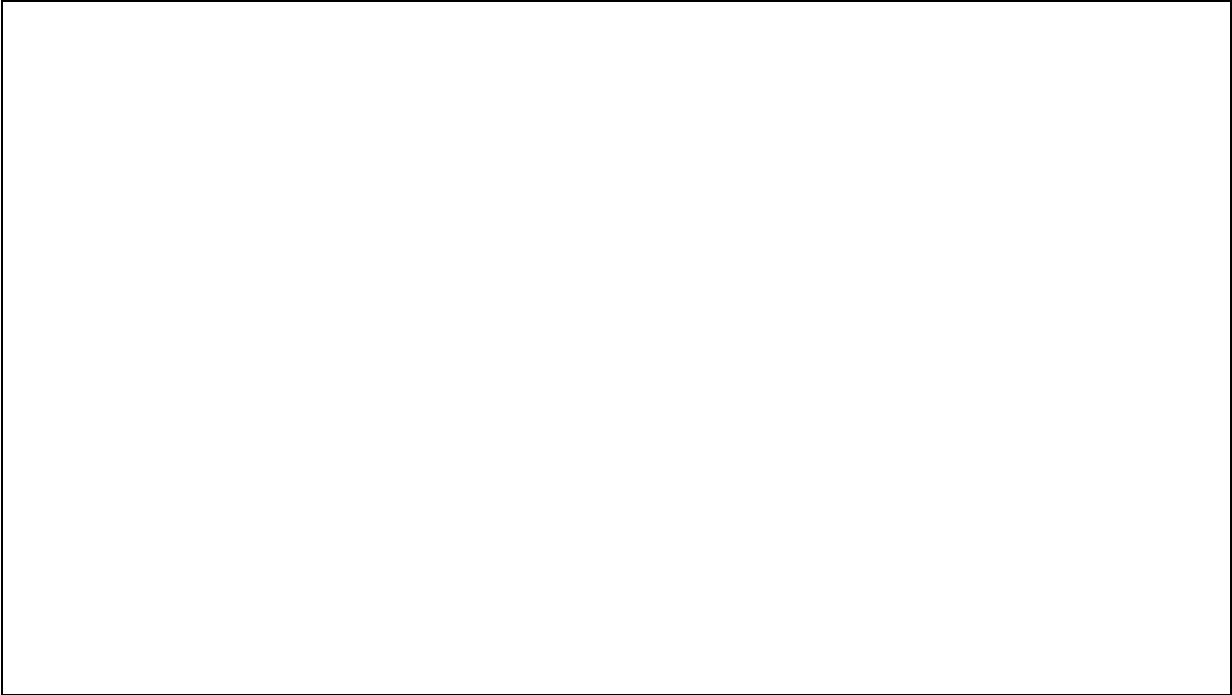
- ***INSTALLATION***

Describe experience in reading hydraulic diagram for assembly

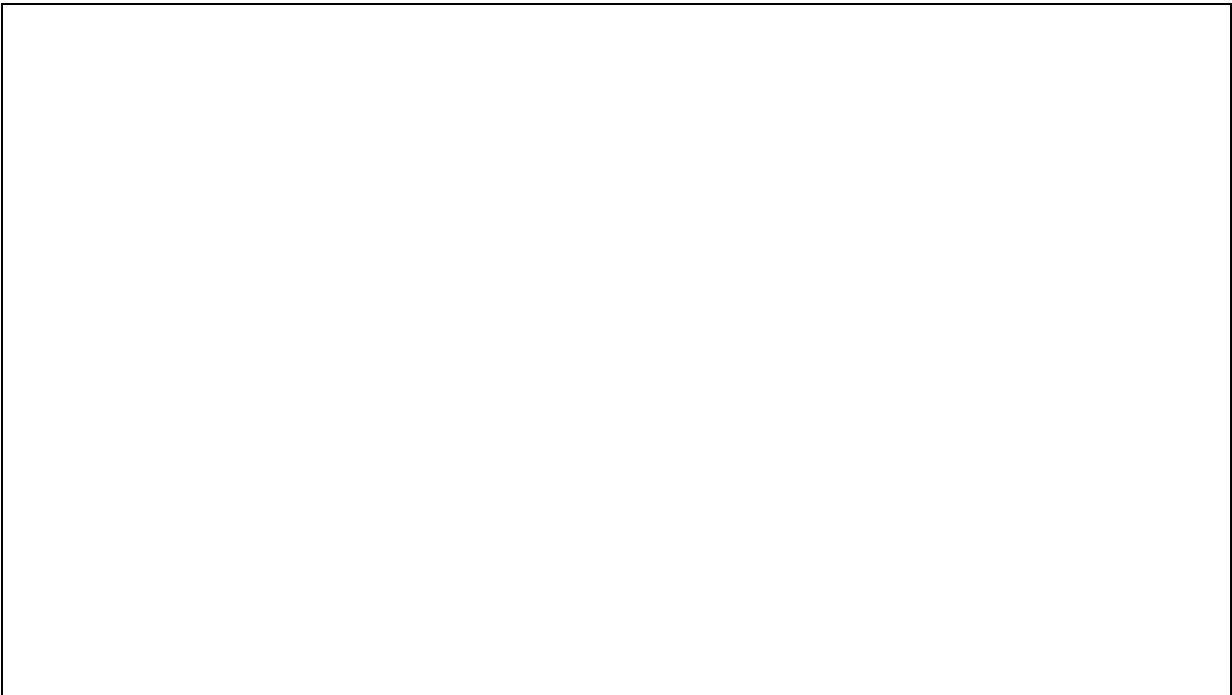
Describe experience of assembly based on cleanliness, security and quality.

- ***COMMISSIONING and PERFORMANCE TESTING***

Describe experience of commissioning in respect by person, component, system security and cleanliness.



Describe experience of system functional testing

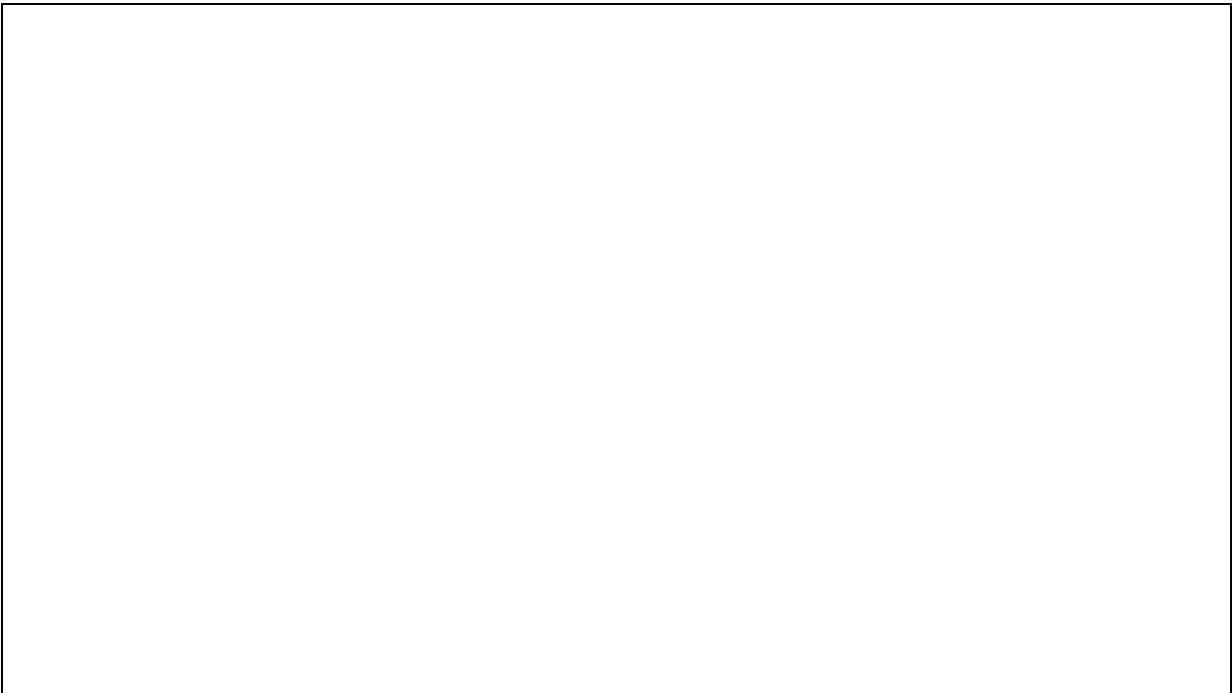


- ***PREDICTIVE MAINTENANCE AND MACHINE MAINTENANCE PLUS SERVICE***

Describe experience of predictive maintenance



Describe experience of fault finding and repair (dis-assembly and assembly of existing system)



Appendix 1. Certification of practical experience

	If experienced, tick with an X
1: Control and adjustment:	
Flow	
Speed on certain movements	
Temperature	
Accumulator pressure/pre-charge pressure	
Fluid cleanliness according to ISO classification system	
Sensors and switches for fluid system	
2: Fault finding in systems:	
From diagram and symptom	
With test equipment	
Without test equipment. Feel, smell, listen	
By phone description	
3: Understand security and environmental issues at dis-assembly of complete or part of fluid systems and machines:	
Read and understand maintenance and security instructions	
What means by Lockout and Tag out instructions	
Secure movements with plunge or similar equipment	
Check and dis-charge trapped pressure within pipes	
Dis-charge accumulators	
Without maintenance and safety instructions, from diagram and machine structure, analyze actions to be done to be able to work safe	
Cleanliness at dis-assembly of system.	
Understand the importance of managing waste fluids in a safe manner due to environmental issues	
Understand the importance of using relevant personal protection	
4: Maintain and repair fluid power systems:	
Maintaining systems:	
Exchange sealing's	
Check mounting surfaces	
Couplings	
Flanges	
Valves	
Empty and refill fluid in systems	
Inside cleaning	
Cleaning coolers	
Exchange filter cartridges	
Exchange components:	
Pumps	
Valves	

Fluid motors	
Electric motors	
Accumulator piston and bladder	
Cylinders	
Hoses	
Other components	
Repair of components, dis-assemble, analyze status, exchange wear parts and re-mount:	
Pumps	
Motors	
Valves	
Cylinders	
Accumulators	
5: Start-up of fluid power systems after maintenance work / exchange of component:	
Flushing	
De-aeration	
Adjust pressure and flow	
Leakage control	
Control of cleanliness level according to ISO code system	
Cleaning of workplace	
Documentation	

For approved practical experience shall the candidate have practical experience of at least 50% of above listed.

Comments about experiences.

