SPRINKLER FITTER

EMPLOYER DECLARATION OF WORK EXPERIENCE

ita

To qualify to challenge certification in this trade or be granted authority to supervise and sign-off on apprentices in this trade, individuals must have:

- worked a minimum of **9,720 hours** performing the tasks listed in Section D, and
- experience performing at least **70%** of the job tasks listed in Section D
  - Holders of a Certificate of Qualification (Inter-Provincial Red Seal Endorsement) in **Plumber and Steamfitter / Pipefitter** will be eligible to challenge this certification by documenting **4,950 hours** of directly related work experience.

This form is used to declare work experience for periods of employment. The information provided is used to verify the applicant's work experience in this trade. This form must be completed by a **direct supervisor of the applicant**, who will be contacted by ITA.

Note: An Employer Declaration of Work Experience form must be completed by each Employer listed on the applicant's completed Application form. A Statutory Declaration of Work Experience form must be completed for periods during which the applicant was self-employed or a previous employer is unavailable to complete an Employer Declaration. For more information, see **Instructions for Certification Challenge or Supervision and Sign-Off Authority**.

A. Applicant Name

Enter the name of the individual for whom this form is being completed.

Legal First Name:	Legal Middle Name(s):	Legal Last Name:

B. Supervisor Contact Information

Enter the name and contact information for the person who directly supervised the applicant at this employer. Ensure the information given is current as the application will be denied if this person cannot be contacted by ITA.

Name of Organization/Employer/Business:		
First and Last Name of Applicant's Direct Supervisor:	Supervisor Position or Title:	
Suite Number:	Street Number and Name:	
City:	Province:	Postal Code:
Business Number: ( )	Mobile Phone Number: ( )	Supervisor E-Mail Address:

C. Employment Information of Applicant

Dates of Applicant's Employment (MM/DD/YYYY): From: To:	Total Number Hours of **Sprinkler Fitter** Experience Accumulated in that Period:
Job Title of Applicant:	

The Industry Training Authority is an agency of the Government of British Columbia.

April 2019

sprinkler-fitter-employer-declaration-april-2019.docx   www.itabc.ca

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OF WORK EXPERIENCE

ITA Customer Service
800 – 8100 Granville Ave.
Richmond, BC V6Y 3T6

Tel: 778-328-8700
Fax: 778-328-8701
Toll Free: 1-866-660-6011

customerservice@itabc.ca

D. Supervisor Declaration of Job Task Performance

By checking "Yes" or "No" in the Declaration Response column, indicate whether or not you, as the direct supervisor of the applicant, have personally witnessed the applicant performing the job tasks listed.

Job Tasks	Declaration Response
PERFORM SAFETY-RELATED FUNCTIONS Maintains safe work environment	Yes: ☐ No: ☐
Use personal protective equipment (PPE) and safety equipment	Yes: ☐ No: ☐
Perform lock-out and tag-out procedures	Yes: ☐ No: ☐
Use fire extinguishers	Yes: ☐ No: ☐
USE TOOLS AND EQUIPMENT Use common tools and equipment	Yes: ☐ No: ☐
Use access equipment	Yes: ☐ No: ☐
Use rigging, hoisting, lifting and positioning equipment	Yes: ☐ No: ☐
Use soldering and brazing equipment	Yes: ☐ No: ☐
PERFORM ROUTINE TRADE ACTIVITIES Use mathematics and science	Yes: ☐ No: ☐
Interpret drawings and specifications	Yes: ☐ No: ☐
Use codes, regulations and standards	Yes: ☐ No: ☐
Use manufacturer's documentation	Yes: ☐ No: ☐
Perform piping system layout	Yes: ☐ No: ☐

Enter the Supervisor and Applicant names from Page 1 on every page of this form

Supervisor First and Last Name:	Applicant First and Last Name:

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Job Tasks	Declaration Response	
INSTALL PIPING AND COMPONENTS	Yes: ☐	
Prepare pipe and tubing	No: ☐	
Join tube, tubing and pipe	Yes: ☐	
	No: ☐	
Install pipe and tubing	Yes: ☐	
	No: ☐	
Install valves	Yes: ☐	
	No: ☐	
Install fittings	Yes: ☐	
	No: ☐	
Install piping components	Yes: ☐	
	No: ☐	
INSTALL WATER-BASED SYSTEMS	Yes: ☐	
Install wet pipe systems	No: ☐	
Install dry pipe systems	Yes: ☐	
	No: ☐	
Install antifreeze systems	Yes: ☐	
	No: ☐	
Install preaction/deluge systems	Yes: ☐	
	No: ☐	
Install standpipe systems	Yes: ☐	
	No: ☐	
Install foam systems	Yes: ☐	
	No: ☐	
Install water mist and hybrid systems	Yes: ☐	
	No: ☐	
USE COMMUNICATION TECHNIQUES	Yes: ☐	
Use communication and mentoring techniques	No: ☐	
INSTALL WATER SUPPLY	Yes: ☐	
Install underground water supply	No: ☐	

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Job Tasks	Declaration Response	
Install fire department connections	Yes: ☐	No: ☐
Install fire pumps units	Yes: ☐	No: ☐
Install private water systems	Yes: ☐	No: ☐
Install and test cross connection control components	Yes: ☐	No: ☐
INSTALL FIRE SUPPRESSION SYSTEMS AND DEVICES Install detection systems and devices	Yes: ☐	No: ☐
Install alarm-initiating devices	Yes: ☐	No: ☐
Install dry and wet chemical, clean agent and carbon dioxide systems	Yes: ☐	No: ☐
Install portable extinguishers	Yes: ☐	No: ☐
Install spark detection systems	Yes: ☐	No: ☐
COMMISSION AND MAINTAIN SYSTEMS Commission systems	Yes: ☐	No: ☐
Inspect and test fire protection systems	Yes: ☐	No: ☐
Maintain and repair fire protection systems	Yes: ☐	No: ☐

E.   Confirmation of Prerequisite Credentials or Certificates

For some trades, evidence that the applicant has earned prerequisite credentials or certificates is required before the individual is permitted to challenge certification or receive Supervision and Sign-Off Authority. For those trades, the applicant must prove the required prerequisite credentials.

There are no prerequisite credentials or certificates for this trade.

Enter the Supervisor and Applicant names from Page 1 on every page of this form

Supervisor First and Last Name:	Applicant First and Last Name:

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F. Supervisor Signature

I certify that the information I, as the current or former direct supervisor of the applicant, have provided is accurate. (Note: Collection and protection of personal information on this form is in accordance with the provisions of the Freedom of Information and Protection of Privacy Act.)

Supervisor name (Please Print):	Supervisor Signature:	Date Signed: (MM/DD/YYYY)

Enter the Supervisor and Applicant names from Page 1 on every page of this form

Supervisor First and Last Name:	Applicant First and Last Name: