



Please complete this form accurately and submit it to:

**Design Engineer, TÜV UK LTD,** AMP House, Suites 27 - 29, Fifth Floor, Dingwall Road, Croydon CR0 2LX United Kingdom (Tel: +44 (0)208 6807711; Fax: +44 (0)208 6804035; E-mail: <a href="mailto:enquiries.uk@tuv-nord.com">enquiries.uk@tuv-nord.com</a>:)

| TÜV UK Ref |
|------------|
|            |

#### Module(s) and additional services related to this application

Please circle the selected module(s) and services or delete those that do not apply.

| Non QA Modules | A2 | B (production) | B (design) | C2 | F | G  |
|----------------|----|----------------|------------|----|---|----|
| QA Modules     | D  | D1             | Е          | E1 | Н | H1 |

| Permanent joining |             |  |  |  |  |  |
|-------------------|-------------|--|--|--|--|--|
| Approval of       | Approval of |  |  |  |  |  |
| personnel         | procedures  |  |  |  |  |  |

| Non-destructive tests |  |
|-----------------------|--|
| Approval of personnel |  |

| Materials                     |
|-------------------------------|
| Particular Material Appraisal |

### Responsible organisation(s)

| Applicant's name and address | Authorised representative's name and address (if applicable) |
|------------------------------|--|
|                              |  |
|                              |  |
|                              |  |

#### Attachments to this page

Schedule of documents. Please note that this is not an exhaustive list.

Attachment 1 - Technical File Requirements (All Modules)

Attachment 2 - Inspection Service Requirements (Modules A2, C2, F & G)

Attachment 3 - Quality System Modules Information and Documents (Modules E1, E, D1, D, H, H1)

Supporting Documents - QP015 Certification and the Use of Product Certification Marks

#### **Declarations**

- 1) The company applies to TÜV UK Ltd. for assessment or conformity assessment services for the purpose of UKCA marking equipment manufactured in accordance with the Pressure Equipment (Safety) Regulations 2016.
- 2) No other application has been previously submitted (and or refused) to any other Approved Body for the same equipment.
- 3) The company agrees to comply with TÜV UK Ltd. requirements and the applicable statutory requirements.
- 4) The company agrees to allow TÜV UK Ltd., access to all the technical records for equipment produced under the scope of any subsequent approval.
- 5) The company agrees to allow TÜV UK Ltd. unrestricted access to all areas of manufacture, including subcontractors.
- 6) The applicant agrees to restrictions as described in the 'Application and the Limitations of the use of UKCA marking'. Commercial arrangements including Terms and Conditions are subject of separate contractual agreement.
- 7) I confirm I have read, understood and accept the below documents as applicable (available at <u>Pressure Equipment</u> (PED and PESR) Pressure Equipment | TUV NORD United Kingdom (tuv-nord.com)):.
  - a. PC-PE-002 Certification Agreement PESR Modules B, C2, D, D1, E, E1, F, G & H1
  - b. PE-H-QA007 Scheme Regulations PESR Module H

Note: points a and b above are not applicable to PESR Module A2

8) I declare that I am empowered to act on behalf of the applicant organisation and that the information given in this form is correct to the best of my knowledge.

|  | Signature of applicant |  | Date |  |
|--|------------------------|--|------|--|
|--|------------------------|--|------|--|

| Prepared by:<br>C Gray | Reviewed by:<br>P Ward | Authorised by:<br>P Ward | Document ID:<br>QIT034 PESR Applic | ation | Date: 22/08/2024   | Revision:<br>07 |
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## ATTACHMENT 1 - TECHINCAL FILES

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Documents related to the application for Design Examination according to Module B (production), Module B (design) Module H1 and unit verification to Module G.

Sample technical files for Quality Modules E1, E, D, D1 and H

| List of attachments comprising technical documentation  | Applicant's<br>Reference &<br>Revision status | Check by Approved<br>Body |
|---|---|---------------------------|
| Description of product including, as applicable, design conditions, fluids and gases for the application, known performance limitations and exposure. |   |                           |
| Conceptual design (including results of the risk analysis and how the hazards have been addressed)  |   |                           |
| Detailed designs e.g. diagrams and manufacturing drawings   |   |                           |
| Descriptions and explanations necessary for understanding of the drawings and diagrams and of the operation of the equipment                          |   |                           |
| A list of designated standards applied (in full or in part). This includes materials standards  |   |                           |
| Descriptions of the solutions adopted to meet the essential safety requirements of the Regulations where designated standards have not been applied   |   |                           |
| Results of relevant design calculations made and examinations carried out   |   |                           |
| Reports of tests  |   |                           |
| Information concerning the tests provided for during manufacture  |   |                           |
| Information on the qualifications or approvals of joining (welding) personnel and NDT personnel   |   |                           |
| Information on the operating procedures for permanent joining   |   |                           |
| Information about all or any items subcontracted including subcontractors names and control systems in place for verifying subcontracted work         |   |                           |
| Information about or certification of safety components and devices included in the design  |   |                           |
| WHERE B (PRODUCTION TYPE) APPROVAL IS REQUIRED Describe arrangements for providing a representative example and instruction manual                    |   |                           |
| Installation, Operation and Maintenance Manual  |   |                           |

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### ATTACHMENT 2 - INSPECTION SERVICES

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Requirements related to application for Inspection Services according to Modules A2, C2, F & G.

## **MODULE A2 & C2**

For Module A2 – the manufacturer shall submit the technical file for the pressure equipment to TÜV UK LTD for review only.

For Module C2 – the manufacturer shall also submit a copy of Module B (Production) Type approval certificate.

To issue a certificate TÜV UK LTD will perform an inspection to confirm that the final assessment of the pressure equipment as required is being carried out by the manufacturer. This activity will include:-

- 1) A check that the equipment is being manufactured in accordance with the technical file and/or type approval certificate.
- 2) Internal and external examination of the pressure equipment
- 3) Witness the proof test.
- 4) Documentation review.

If the Module A2 orC2 certificate is being issued on a time related basis (i.e. not a unit inspection) then for the purpose of ensuring consistent product quality TÜV UK LTD will perform checks of the internal manufacturer product testing (final assessment) by means of unexpected visits at the expense of the Client or certificate owner. The frequency of the inspection visits will depend on the production rate and size of the batch but will be at least one visit per year.

In addition, TÜV UK LTD may at any time without prior announcement, visit the manufacturing sites and the storage premises which are specified in the certificate. (For foreign holders of the certificate also the storage premises of the authorized agents and subsidiaries, for importers also their storage premises) and can take free of charge samples of pressure equipment for which the certificate is issued in order to conduct checks.

### **MODULE F**

To issue a Module F certificate TÜV UK LTD will carry out an inspection on each item of pressure equipment as follows:-

- 1) A check that the equipment has been manufactured in accordance with the technical file and Module B (Production) or (Design) type approval certificate.
- 2) Verify that the certificates issued by the materials manufacturer in accordance with PESR Sch2 Part4 Cl.31(8).
- 3) Verify that the permanent joining procedures are suitable, qualified and approved by a UK Approved Body or UK RTPO.
- 4) Verify that the personnel undertaking the permanent joining of parts are qualified and approved by a UK Approved body or UK RTPO.
- 5) Verify that the personnel undertaking the non-destructive tests are qualified and approved by a UK RTPO.
- 6) Internal and external examination of the pressure equipment.
- 7) Witness the proof test.
- 8) Documentation review.

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#### ATTACHMENT 2 - INSPECTION SERVICES

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Requirements related to application for Inspection Services according to Modules A2, C2, F & G.

### **MODULE G**

To issue a Module G certificate TÜV UK LTD will carry out a staged inspection on each item of pressure equipment as follows:-

- 1) A check that the equipment is being manufactured in accordance with the technical file and design approval issued by TÜV UK LTD.
- 2) Verify that the certificates issued by the materials manufacturer in accordance with PESR Sch2 Part4 Cl.31(8).
- 3) Verify that the permanent joining procedures are suitable, qualified and approved by a UK Approved Body or UK RTPO.
- 4) Verify that the personnel undertaking the permanent joining of parts are qualified and approved by a UK Approved body or UK RTPO.
- 5) Verify that the personnel undertaking the non-destructive tests are qualified and approved by a UK RTPO.
- 6) Internal and external examination of the pressure equipment.
- 7) Witness the proof test.
- 8) Documentation review.

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Information and Documentation related to application for Quality System Modules E1, E, D1, D, H and H1

# PLEASE TYPE OR USE BLOCK CAPITALS

| Manufact   | urer Det     | ails                         |                                       |                     |
|------------|--------------|------------------------------|---------------------------------------|---------------------|
| Company    | Name         |                              |                                       |                     |
| Address    |              |                              |                                       |                     |
| Tel. No.   |              |                              | Fax. No.                              |                     |
| E-Mail     |              |                              |                                       |                     |
|            |              |                              |                                       |                     |
| Person to  | whom e       | enquires relating to this a  | pplication                            | should be addressed |
| Name       |              |                              | Position                              |                     |
| Address if | different fi | rom above                    |                                       |                     |
| Address    |              |                              |                                       |                     |
| Tel. No.   |              |                              | Fax. No.                              |                     |
| E-Mail     |              |                              |                                       |                     |
|            |              |                              |                                       |                     |
| Name and   | position     | of person authorising this a | application                           |                     |
| Name       |              |                              | Position                              |                     |
|            | ·            | ·                            | · · · · · · · · · · · · · · · · · · · |                     |

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Information and Documentation related to application for Quality System Modules E1, E, D1, D, H and H1

| Manufacturer Details  |    |
|---|----|
| Total Number of Employees   |    |
| Equivalent No. of Effective Full Time Employees involved in PESR activities |    |
| Number of Shifts  |    |
| Number of Locations involved in PESR activities                             |    |
|   |    |
| Brief description of the principal activities of the manufactur             | er |
|   |    |
|   |    |
|   |    |
|   |    |
|   |    |
|   |    |
|   |    |
|   |    |

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Information and Documentation related to application for Quality System Modules E1, E, D1, D, H and H1.

Please list the names, technical qualifications and experience of the following personnel involved in the manufacturing processes.

| Operational Manager      |  |
|--------------------------|--|
| Name                     |  |
| Qualifications           |  |
| Experience               |  |
|                          |  |
| Quality Manager          |  |
| Name:                    |  |
| Qualifications:          |  |
| Experience:              |  |
|                          | · · · · · · · · · · · · · · · · · · ·  |
| Design Engineer          |  |
| Name:                    |  |
| Qualifications:          |  |
| Experience:              |  |
|                          |  |
| Welding / Joining Engir  | neer and or Co-ordinator               |
| Name:                    |  |
| Qualifications:          |  |
| Experience:              |  |
|                          |  |
| NDT Manager              |  |
| Name:                    |  |
| Qualifications:          |  |
| Experience:              |  |
|                          |  |
| Certification Manager of | r Person responsible for certification |
| Name:                    |  |
| Qualifications:          |  |
| Experience:              |  |
|                          |  |
|                          |  |

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Information and Documentation related to application for Quality System Modules E1, E, D1, D, H and H1.

| Scope of Application                           |                                  |                  |         |            |                          |  |  |  |
|--|----------------------------------|------------------|---------|------------|--------------------------|--|--|--|
|  |                                  |                  |         |            |                          |  |  |  |
| Please give details of the Module H)           | ne type of pressure equip        | ment proposed f  | or manu | ıfacture ( | Desired Scope for        |  |  |  |
|  |                                  |                  |         |            |                          |  |  |  |
|  |                                  |                  |         |            |                          |  |  |  |
|  |                                  |                  |         |            |                          |  |  |  |
|  |                                  |                  |         |            |                          |  |  |  |
|  |                                  |                  |         |            |                          |  |  |  |
|  |                                  |                  |         |            |                          |  |  |  |
|  |                                  |                  |         |            |                          |  |  |  |
| Please give the follow production levels.      | ving details of the pres         | sure equipment   | includi | ng antic   | cipated                  |  |  |  |
| Product range                                  | Equipment Category               | Required Mod     | dule    | Pro        | duction Levels           |  |  |  |
|  |                                  |                  |         |            |                          |  |  |  |
|  |                                  |                  |         |            |                          |  |  |  |
|  |                                  |                  |         |            |                          |  |  |  |
| Please give details abo                        | ut your quality system           |                  |         |            |                          |  |  |  |
| <b>D</b> 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |                                  | C                |         | 1          |                          |  |  |  |
| accredited certification                       | nanagement system certi<br>body? | ficated by an    | Yes     |            | No 🗆                     |  |  |  |
| Comments                                       | •                                | ·                |         |            |                          |  |  |  |
|  |                                  |                  |         |            |                          |  |  |  |
|  |                                  |                  |         |            |                          |  |  |  |
|  |                                  |                  |         |            |                          |  |  |  |
| Give details of the certi                      | fication body                    |                  |         |            |                          |  |  |  |
| Name   |                                  |                  |         |            |                          |  |  |  |
| Certificate No.                                |                                  |                  |         |            |                          |  |  |  |
| Scope  |                                  |                  |         |            |                          |  |  |  |
| Date of issue                                  |                                  |                  |         |            |                          |  |  |  |
|  |                                  |                  |         |            |                          |  |  |  |
| Give details of any cons                       | sultancy used in establis        | hing your Module | H quali | ity syste  | <b>m</b> (if applicable) |  |  |  |
| Consultant Name                                |                                  |                  |         |            |                          |  |  |  |
| Address  |                                  |                  |         |            |                          |  |  |  |
|  |                                  |                  |         |            |                          |  |  |  |

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Information and Documentation related to application for Quality System Modules E1, E, D1, D, H and H1.

| If no to the above do you req               | uire your QMS to be certificated   | Yes □            | No □                  |
|---|--|------------------|-----------------------|
| Brief Details of your Quality M             | lanual and procedures  |                  |                       |
|   |  |                  |                       |
| Please give details of any of               | other approvals held i.e. AD W0  | ) / HP0, ASME U  | etc.                  |
| Туре  | Issuing Authority  | Dat              | e of Issue            |
|   |  |                  |                       |
|   |  |                  |                       |
|   |  |                  |                       |
| Give details of any outsource manufacture). | ed processes (in relation to press   | ure equipment pr | oposed for            |
| Company Name                                | Description of Service(s   | ) provided       |                       |
|   |  |                  |                       |
|   |  |                  |                       |
|   |  |                  |                       |
| <ul> <li>I am empowered to ac</li> </ul>    | ou are declaring the below:<br>of any intended changes to our c<br>t on behalf of the applicant orgar<br>o the best of my knowledge. |                  | the information giver |
| Signature of applicant                      |  | Date             |                       |
|   |  |                  |                       |

| Prepared by:       | Reviewed by: | Authorised by: | Document ID:       |       | Date:              | Revision: |
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