

# SOUTHERN AFRICAN EMERGENCY SERVICES INSTITUTE NPC

Registration No. 2014/162285/08

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APPLICATION: RECOGNITION OF PRIOR LEARNING ACC 200

## *Plan Examiner 2 - NFPA 1031, 2014*

First Name/s: \_\_\_\_\_

Surname: \_\_\_\_\_

ID Number: \_\_\_\_\_ Age: \_\_\_\_\_

Employer: \_\_\_\_\_

Postal Address: \_\_\_\_\_

(Where result and certificate/s should be sent)

Postal Code: \_\_\_\_\_

Tel No: \_\_\_\_\_ Fax No: \_\_\_\_\_

Cell No: \_\_\_\_\_ Membership No. \_\_\_\_\_

## PURPOSE:

The purpose of this procedure is to assess your academical qualification **in combination with your experience** to determine if accreditation for the Fire inspector 2 qualifications is appropriate. Any person with a Plan Examiner qualification or equivalent (Portfolio of evidence) and **36 Months firefighting service** and an acceptable **CV of appropriate** experience can apply.



**ANNEXURE A**

<b>Employing Service</b> <i>(Where you have worked/are working)</i>	<b>Position/Rank</b> <i>(Held or are holding)</i>	<b>Date</b>		<b>Primary Functions</b> <i>(What you were / are doing)</i>
		<b>From</b>	<b>To</b>	

**ANNEXURE: B**

***C.V. – Plan Examiner 2, NFPA 1031, 2014***

*Standard for Professional Qualifications for Fire Inspector and Plan Examiner*

This CV should accompany your application for accreditation on the grounds of Recognition of Prior Learning for Fire Examiner 2 [Form: ACC 200].

Briefly describe your **Role as Plan Examiner** in the following activities. Use all the headings listed below in your CV. The purpose of this is to be able to have a realistic impression of your experience to be able to assess your application fairly.

If you attended any courses related to the Criteria described in the CV, copies of the certificates can be attached.

This CV is required in addition to a certified copy of your Plan Examiner qualification or higher qualification.

**Note: Please use additional paper if the space provided is not adequate.**

## **8.2 Administration**

This duty involves research, interpretation of codes, implementation of policy, participation in legal proceedings, and creation of forms and job aids according to the following job performance requirements.

**8.2.1** Creating plan review checklists and forms, given applicable codes, standards, and departmental policies and procedures, so that the materials developed address key issues and clearly express code requirements of the jurisdiction.

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**8.2.2** Developing policies and procedures for the administration of plan review functions, given management objectives, so that the policies are defined and concise and are in accordance with the legal obligations of the jurisdiction.

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## **8.3 Plans Review**

This duty involves the analysis and approval of plans, specifications, and construction documents for buildings, processes, operations, and fire protection systems and equipment to ensure they meet the intent of applicable codes and standards in accordance with the policies and procedures of the jurisdiction, according to the following job performance requirements.

**8.3.1** Evaluating a design concept, given a preliminary design presentation, so that the proposed concept meets the intent of applicable codes and standards in accordance with the policies and procedures of the jurisdiction.

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**8.3.2** Evaluating proposed passive fire protection elements of a building or portion of a building, given a set of plans and specifications for a building or facility, so that the protection provided for the facility is in accordance with applicable codes and standards and deficiencies are identified, documented, and reported in accordance with the policies of the jurisdiction.

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**8.3.3** Evaluating plans for a process or operation, given plans and specifications, so that the process or operation is reviewed for compliance with applicable codes and standards and deficiencies are identified, documented, and reported in accordance with the applicable codes, standards, policies and procedures of the jurisdiction.

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**8.3.4** Evaluating plans for storage, handling, and use of flammable and combustible liquids and gases, given plans and specifications, so that the plans are reviewed and deficiencies are identified, documented, and reported in accordance with the applicable codes, standards, policies, and procedures of the jurisdictions.

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- **8.3.5** Evaluating plans for the installation of fire protection and life safety systems, given a plan submittal, so that the systems and equipment are reviewed and deficiencies are identified, documented, and reported in accordance with the applicable codes and standards and with the policies and procedures of the jurisdiction.

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**8.3.6** Evaluating a proposed alternative method for compliance with applicable codes and standards, given supporting documentation of a design that does not meet prescriptive code requirements, so that the design meets the intent of applicable codes and standards.

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**8.3.7** Evaluating the integration of life safety, fire protection, security, and building service systems, given a plan submittal, a life safety report, a sequence of operations report, and testing criteria, so that the integration of proposed systems meets the requirements or intent of the applicable codes and standards and meets the fire and life safety objectives of the jurisdiction and any deficiencies are identified, documented, and reported in accordance with the policies of the jurisdiction.

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**8.3.8** Evaluating plans for storage, handling, and use of hazardous materials, given plans and specifications, so that the plans are reviewed for compliance and deficiencies are identified, documented, and reported in accordance with the applicable codes, standards, policies, and procedures of the jurisdiction.

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**8.3.9** Verifying that egress elements are provided, given a plan of a building or portion of a building, so that all egress elements are identified and deficiencies are identified, documented, and reported in accordance with applicable codes and standards and the policies of the jurisdiction.

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ACC200 PPL



**Declaration of Applicant & Management Representative/s**

I, \_\_\_\_\_ (initials and surname of applicant) hereby confirm that the information is true and that I will accept the decision of the Accreditation Committee with regards to my application.

Sign: \_\_\_\_\_ Date \_\_\_\_\_

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I, \_\_\_\_\_ in my capacity as the Head of Training for \_\_\_\_\_ hereby confirm that the above mentioned information, provided above is correct to the best of my knowledge.

Sign: \_\_\_\_\_ Date \_\_\_\_\_  
(Head of Training)

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I, \_\_\_\_\_ in my capacity as the Head of Organization / Department / Section \_\_\_\_\_ hereby confirm that the above mentioned information, provided above is correct to the best of my knowledge.

Sign: \_\_\_\_\_  
(Head of Organization / Department / Section)

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