

File Reference:

IECEX Scheme

Certification of explosion-protected electrical equipment

APPLICATION FORM

Do you require TestSafe to issue:

Certificate of Conformity

Yes New Application Yes

IECEX Test Report (ExTR)

Yes Supplementary No

IECEX Quality Assessment Report (QAR) No

APPLICATION INFORMATION		
Name of Applicant: Pempek Systems Pty Ltd		ABN: 82 003 752 458 <i>(if applicable)</i>
Email Address of Applicant: marek@pempek.com.au		Phone No: 9634-2540
Address (Street): Unit 3 /13 Hoyle Ave		Fax No: 9894-0379
City: Castle Hill	State: NSW	Post Code: 2154
Country: Australia		
Address (Postal): Unit 3 /13 Hoyle Ave		
City: Castle Hill	State: NSW	Post Code: 2154
Country: Australia		
Authorised Contact Person: Marek Pesl	Position: Approval Manager	
Email Address of Authorised Contact Person: marek@pempek.com.au		
If the applicant is not the manufacturer, evidence is to be provided that the applicant is authorised to act on behalf of the manufacturer for the application and the manufacturer undertakes to abide by the IECEx Scheme Rules.		
Manufacturer location(s) (if different from applicant):		
Name:		Phone:
Address:		Fax:
City:	State:	Post Code:
Country:		
Contact Person:	Position:	
Email Address:		

(if space insufficient please attach extra sheets)

PRODUCT INFORMATION AND CERTIFICATES OF CONFORMITY

1. Certificate of Conformity: Identify any Certificates of Conformity already held for the product or product series.
(If first Certificate of Conformity required, go to 2.)

(If space insufficient. please attach details)

2. Description of Equipment: This will become the title of your Test Report and Certificate of Conformity. It should include all options/variations to be covered.

LOWD HMI

(If space insufficient. please attach details)

3. Type of Protection:

IP Rating:

d	e	ia	ib	m	n	p	s	v	DIP	Safe Area	IP	As tested
X											66/67	

4. Hazardous Area:

5. Equipment Group:

6. Temperature Class:

Zone 0	X	I	X	T1	
Zone 1		IIA		T2	
Zone 2		IIB		T3	
Zone 20		IIC		T4	
Zone 21				T5	
Zone 22				T6	
				As Tested	150 C
Max Power	As tested			T _{amb}	40

7. Standard (s): 60079-0 (2008) and 60079-1 (2007)

8. List of Drawings: (Titles to be shown as in the title block. Please supply in electronic form or attach drawing list)

Drawing list will be supplied later in Word format.

9. If TesSafe ExTR is not required, list IECEx Certified Body (ExCB) who provided the ExTR?

Part C: QUALITY MANAGEMENT SYSTEM INFORMATION

1. Does the manufacturer have a Quality Management System complying with ISO 9001:2000 or equivalent?

Yes

No

If Yes, state the name of the third-party certification body and enclose a copy of the certificate showing scope of certification:

2. Does the manufacturer have a documented Quality Plan relevant to the submitted product?

Yes

No

If YES, please submit with this application.

Quality Plan Reference Number:

3. Is there an existing Quality Assessment Report (QAR) associated with the submitted product?

Yes

If YES, please provide a copy.

QAR Reference Number:

No

If NO, please fill in "**Site(s) to be Assessed**" below.

Site(s) to be Assessed

Details of Site:	No. of Employees:	No. of ExTR's to be covered:	Do you hold ISO9001 Certification (provide a copy):	List of Ex Standards to be covered:
Details of Site 1: Unit 3 / 13 Hoyle Ave, Castle Hill NSW 2154	No. of Employees: 45	No. of ExTR's to be covered:	No	60079-0 (2008) and 60079-11 (2006)
Details of Site 2:	No. of Employees:	No. of ExTR's to be covered:	Do you hold ISO9001 Certification (provide a copy):	List of Ex Standards to be covered:

Details of subcontracted work, eg. Machining, subassemblies, surface finishing:

List of Test Reports covered by this assessment:

UNDERTAKING:

I/we confirm that I/we have read, understood, agree and undertake to abide by the Rules and Procedures of the IECEx Scheme, as outlined in Scheme Rules IECEx 02 and Operational Documents (as ammended), as well as TestSafe's General Terms and Conditions. Further we confirm that the product now submitted for certification was designed to comply with the requirements of the Standards outlined in Part B of this application.

Sample Testing

I hereby request TestSafe Australia to examine and test the equipment described in the schedule below for compliance with the specified IEC Standard(s) and nominated national differences.

Where the application includes reference to options, variations, or more than one model or type, I request TestSafe to examine and report on the effect of such options, variations or different models with respect to the requirements of the Standard or Standards.

I accept that damage may occur to the equipment as a result of the testing carried out.

Invoicing

I agree to pay all costs, as agreed, incurred in carrying out the above work and will accept progressive invoices for such costs in accordance with the Certification Body commercial forms.

Address for forwarding invoice: Unit 3 /13 Hoyle Ave, Castle Hill NSW 2154

Accounts payable contact: Mrs Lamia Nahlous

Phone 9634-2540 Fax: 9894-0379

Sample Return

I hereby accept all freight and handling charges are the responsibility of the customer. Contact details must be provided for liaison on sample return.

Contact Person: Nigel Henderson Phone: 9634-2540 Fax: 9894-0379

I have provided details of our nominated courier and account number for TestSafe to use.

Nominated Courier: Advance Couriers Account No.: 2869

Address for sample return: Unit 3 /13 Hoyle Ave, Castle Hill NSW 2154

I agree that if all the above information is not provided, and I fail to collect the sample, TestSafe will arrange sample return (at their discretion), and all relevant charges will be the customers responsibility.

Certificate to be sent to: Name: Pempek Systems Pty Ltd
Address: Unit 3 /13 Hoyle Ave, Castle Hill NSW 2154

Signed for and on behalf of applicant:

(Signature of Authorized Person)* _____

(Name in BLOCK LETTERS) MAREK PESL

(Title or position of Signatory)
(in the case of a Company, Firm, or Partnership)
Approval Manager
12 January 2011

Date: _____

* Person signing on behalf of manufacturer shall be an authorized company representative. If application is lodged by a person not directly employed by the intended Certificate holder, then a letter from the intended Certificate holder shall be attached.