[ ]  **Supervised Practitioner**

UK&U in process C&I [ ]

Awareness of functional safety and SIF compliance requirements [ ]

Justification: (cite relevant CPD, qualifications, and experience)

[ ]  **Practitioner**

Supervised Practitioner requirement met. [ ]

Experience of project execution and related management aspects. [ ]

Has been trained or otherwise undertaken CPD specifically on FSMP preparation. [ ]

Justification:

Affirms reading and understanding Chapters 3, 4, 17, 18, 27, 34, 47 ‘Functional Safety in Practice’. [ ]

Or otherwise by:

[ ]  **Expert**

Practitioner requirement met [ ]

Extensive experience in relevant domain.

Justification:

[ ]  **Responsible Person**

Supervised Practitioner requirement met [ ]

Has line management responsibility for this work [ ]

Position: (state position within organisation)

**User Affirmation**

I affirm this is a true record and that I will not sign off any work as originator/checker/approver if I have reason to doubt my competence for that purpose.

**Signed: Date:**

**Assessment by: (**Print name**)**

**Signed: Date:**

Assessor must be of at least supervised practitioner competence level and have an appropriate responsible management role.