

INSULATOR (HEAT AND FROST)

EMPLOYER DECLARATION OF WORK EXPERIENCE

SkilledTradesBC 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@skilledtradesbc.ca

This form is used to declare work experience for periods of employment and must be completed by a **direct supervisor of the applicant**, who will be contacted by SkilledTradesBC.

Note: An Employer Declaration of Work Experience form must be completed for each period of employment.

This form is not to be used for periods of self-employment. For more information, see Instructions for Certification Challenge or Supervision and Sign-Off Authority.

“Insulators (Heat and Frost)” work with different kinds of insulating material to prevent or reduce the passage of heat, cold, vapour, moisture, sound or fire. They read and interpret drawings and specifications to determine insulation requirements, select the amount and type of insulation to be installed, and measure and cut insulating material to the required dimensions. They then apply, install, repair and maintain insulating material on mechanical systems, such as piping, tanks, vessels, and HVAC systems. Insulated surfaces may be finished with materials such as plastics, aluminum, galvanized steel and coated steel, stainless steel, canvas, mastics or finishing cement. Insulators (Heat and Frost) also lay out and fabricate components on-site or remove and/or encapsulate old insulation. Removing material such as asbestos, ceramic fibers and lead is also part of the trade. Insulators (Heat and Frost) also spray insulating materials and install fireproofing and fire stop systems. Insulators (Heat and Frost) work in commercial and industrial settings, such as gas plants, refineries, hospitals, schools, and convention centers.

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 **9,990 hours** performing the tasks listed in Section D, and
- experience performing at least **70%** of the job tasks listed in Section D.

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:
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B. Employment Information of Applicant

Enter the business information for the applicant’s period of employment declared for this trade.

Name of Organization/Employer/Business:		
Business Address (Street Name/Number, Building/Unit Number):		City:
Province/ State:	Country:	Postal Code/ Zip Code:
Business Phone Number: ()	Website:	

Enter the dates and number of hours for this period of employment.

Dates of Applicant’s Employment (MM/DD/YYYY): From: To:	Total Number Hours of Insulator (Heat and Frost) Experience Accumulated in Period:
Job Title of Applicant:	

C. Supervisor Contact Information

Enter the name and contact information for the person who directly supervised the applicant during this employment period. Ensure the information given is current as the application will be denied if this person cannot be contacted by SkilledTradesBC.

First and Last Name of Applicant's Direct Supervisor:	Supervisor Position or Title:
Supervisor's Phone Number: ()	Supervisor E-Mail Address:
Language(s) that the employer/supervisor can communicate: (check all that apply)	
☐ English ☐ Other (please specify): _____	

D. Supervisor Declaration of Job Task Performance of Applicant

By checking "Yes" or "No" in the Declaration Response column, indicate whether you, as the direct supervisor of the applicant, have personally witnessed the applicant performing the job tasks listed.

JOB TASKS (46)	SUPERVISOR DECLARATION RESPONSE	
Performs Safety-Related Functions		
Uses personal protective equipment (PPE) and safety equipment	☐ Yes	☐ No
Maintains safe work environment	☐ Yes	☐ No
Uses And Maintains Tools And Equipment		
Uses tools and equipment	☐ Yes	☐ No
Uses access equipment	☐ Yes	☐ No
Organizes Work		
Performs task scheduling	☐ Yes	☐ No
Organizes materials on site	☐ Yes	☐ No
Uses Communication And Mentoring Techniques		
Uses communication and mentoring techniques	☐ Yes	☐ No
Performs Routine Trade Practices		
Performs measurements and calculations	☐ Yes	☐ No

Supervisor must enter name and initials on every page of this form

Supervisor First and Last Name (Please Print):	
I hereby certify, that to the best of my knowledge, the information I am providing as a current or past supervisor of the applicant (as named on page 1 of this document), is true and accurate.	Supervisor's Initials:

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JOB TASKS (46)	SUPERVISOR DECLARATION RESPONSE	
Interprets specifications and drawings	☐ Yes	☐ No
Prepares substrates	☐ Yes	☐ No
Selects materials	☐ Yes	☐ No
Performs layout	☐ Yes	☐ No
Insulates Piping And Fittings		
Installs insulation on piping, fittings and hangers	☐ Yes	☐ No
Applies vapour barriers on piping and fittings	☐ Yes	☐ No
Installs cladding, jacketing and finishes on piping and fittings	☐ Yes	☐ No
Insulates Tank, Vessels And Equipment		
Installs insulation on tanks, vessels and equipment	☐ Yes	☐ No
Applies vapour barriers on tanks, vessels and equipment	☐ Yes	☐ No
Installs cladding, jacketing and finishes on tanks, vessels and equipment	☐ Yes	☐ No
Insulates Plumbing And Mechanical Piping Systems		
Installs insulation on plumbing and mechanical piping systems	☐ Yes	☐ No
Applies vapour barrier on insulated plumbing and mechanical piping systems	☐ Yes	☐ No
Installs cladding, jacketing and finishes on insulated plumbing and mechanical piping systems	☐ Yes	☐ No
Insulates Mechanical Ducting		
Installs insulation on mechanical ducting	☐ Yes	☐ No
Installs vapour barrier on insulated mechanical ducting	☐ Yes	☐ No
Installs cladding, jacketing and finishes on insulated mechanical ducting	☐ Yes	☐ No
Insulates Mechanical Equipment		
Installs insulation on mechanical equipment	☐ Yes	☐ No
Applies vapour barrier on insulated mechanical equipment	☐ Yes	☐ No

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JOB TASKS (46)	SUPERVISOR DECLARATION RESPONSE	
Installs Fire Stop Systems		
Identifies approved fire stop system	☐ Yes	☐ No
Applies fire stop materials to architectural, structural, mechanical and electrical components	☐ Yes	☐ No
Insulates For Soundproofing		
Insulates piping and equipment for soundproofing	☐ Yes	☐ No
Installs acoustic assemblies for soundproofing	☐ Yes	☐ No
Installs Removable Cover		
Fabricates removable covers	☐ Yes	☐ No
Fastens removable covers	☐ Yes	☐ No
Installs Underground Insulating Systems		
Installs pipe insulation to underground systems	☐ Yes	☐ No
Installs pour-in-place and spray-on insulation to underground systems	☐ Yes	☐ No
Sprays Sealers, Coatings And Spray-On Insulation		
Prepares material, equipment, surrounding work area and substrate for spraying	☐ Yes	☐ No
Applies reinforcing material, spray insulation, coatings and sealers	☐ Yes	☐ No
Installs Fireproofing		
Applies fireproofing to architectural, structural, mechanical and electrical components	☐ Yes	☐ No
Applies protective covering to fireproofing materials	☐ Yes	☐ No
Installs Insulation For Refractory Systems		
Applies insulation to refractory systems	☐ Yes	☐ No
Installs reflective systems	☐ Yes	☐ No
Installs cladding, jacketing and finishes to refractory systems	☐ Yes	☐ No
Installs Insulation For Cryogenic Systems		
Applies insulation to cryogenic systems	☐ Yes	☐ No

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JOB TASKS (46)	SUPERVISOR DECLARATION RESPONSE	
Applies vapour barriers to insulated components of cryogenic systems	☐ Yes	☐ No
Installs cladding, jacketing and finishes to cryogenic systems	☐ Yes	☐ No
Insulates For Marine Applications		
Insulates bulkheads, deckheads and hulls; Installs cladding, jacketing and finishes on marine applications	☐ Yes	☐ No
Performs Asbestos Abatement		
Prepares for asbestos abatement; Remove and maintain asbestos; Perform lead abatement and mould remediation	☐ Yes	☐ No

E. Supervisor Signature

I certify that the information I, as the current or former direct supervisor of the applicant, have provided is true and 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 Signature:	Date Signed: (MM/DD/YYYY)
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Supervisor must enter name and initials on every page of this form

Supervisor First and Last Name (Please Print):	
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