SKILLED TRADES BC

SPRINKLER FITTER

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.

"Sprinkler Fitters" lay out, install, repair, modify, inspect, test and maintain fire protection systems in a variety of buildings and settings. They work on fire protection systems such as wet, dry, water mist, pre-action, foam, deluge, standpipe, clean agent, carbon dioxide, hybrid, antifreeze, and wet and dry chemical fire suppression system. Their duties include reading and interpreting engineered drawings, installing hangers and clamps to support the piping system, preparing the pipe, joining pipe using a variety of methods and installing associated equipment.

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 **9,720 hours** performing the tasks listed in Section D, and
- experience performing at least **70%** of the job tasks listed in Section D.

Holders of a **Certificate of Qualification** with **Inter-Provincial Red Seal Endorsement in Plumber or Steamfitter / Pipefitter** will be eligible to challenge this certification by documenting **4,950 hours** of directly related work experience.

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:

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 **Sprinkler Fitter** Experience Accumulated in Period:
Job Title of Applicant:	

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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 (40)	SUPERVISOR DECLARATION RESPONSE	
Performs Safety-Related Functions		
Maintains safe work environment	☐ Yes	☐ No
Uses personal protective equipment (PPE) and safety equipment	☐ Yes	☐ No
Performs lock-out and tag-out procedures	☐ Yes	☐ No
Uses fire extinguishers	☐ Yes	☐ No
Uses Tools And Equipment		
Uses common tools and equipment	☐ Yes	☐ No
Uses access equipment	☐ Yes	☐ No
Uses rigging, hoisting, lifting and positioning equipment	☐ Yes	☐ No
Uses soldering and brazing equipment	☐ Yes	☐ No
Performs Routine Trade Activities		
Uses mathematics and science	☐ Yes	☐ No
Interprets drawings and specifications	☐ Yes	☐ No
Uses codes, regulations and standards	☐ 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 (40)	SUPERVISOR DECLARATION RESPONSE	
Uses manufacturer's documentation	☐ Yes	☐ No
Performs piping system layout	☐ Yes	☐ No
Installs Piping And Components		
Prepares pipe and tubing	☐ Yes	☐ No
Joins tube, tubing and pipe	☐ Yes	☐ No
Installs pipe and tubing	☐ Yes	☐ No
Installs valves	☐ Yes	☐ No
Installs fittings	☐ Yes	☐ No
Installs piping components	☐ Yes	☐ No
Installs Water-Based Systems		
Installs wet pipe systems	☐ Yes	☐ No
Installs dry pipe systems	☐ Yes	☐ No
Installs antifreeze systems	☐ Yes	☐ No
Installs preaction/deluge systems	☐ Yes	☐ No
Installs standpipe systems	☐ Yes	☐ No
Installs foam systems	☐ Yes	☐ No
Installs water mist and hybrid systems	☐ Yes	☐ No
Uses Communication Techniques		
Uses communication and mentoring techniques	☐ Yes	☐ No
Installs Water Supply		
Installs underground water supply	☐ Yes	☐ No
Installs fire department connections	☐ Yes	☐ No
Installs fire pumps units	☐ Yes	☐ No
Installs private water systems	☐ Yes	☐ No
Installs and tests cross connection control components	☐ Yes	☐ No

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JOB TASKS (40)	SUPERVISOR DECLARATION RESPONSE	
Installs Fire Suppression Systems And Devices		
Installs detection systems and devices	☐ Yes	☐ No
Installs alarm-initiating devices	☐ Yes	☐ No
Installs dry and wet chemical, cleans agent and carbon dioxide systems	☐ Yes	☐ No
Installs portable extinguishers	☐ Yes	☐ No
Installs spark detection systems	☐ Yes	☐ No
Commissions And Maintains Systems		
Commissions systems	☐ Yes	☐ No
Inspects and tests fire protection systems	☐ Yes	☐ No
Maintains and repairs fire protection systems	☐ 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)

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: