

Record of attending an NSTS Test for the allocation of 3 CPD points

NRoSO Member's Details:

Name:

Address:

Postcode:

NRoSO Membership No:

Please record the date, duration and outcomes of the NSTS test that you have attended on the form overleaf and summarised in the boxes below. Please ensure that this attendance is authenticated by the name, signature and number of the approved NSTS Examiner.

NSTS Test:

Date:

Duration:

Summary of outcomes (detail overleaf):

Signed (NRoSO member):

Date:

Signed (NSTS Examiner):

Date:

Print Name (NSTS Examiner):

NSTS No:

FOR NPTC USE ONLY

DATE RECEIVED:

TOTAL CPD POINTS AWARDED: **3**

Please return the form to NRoSO Customer Support Team,
City & Guilds NPTC, Building 500, Abbey Park, Stareton, Warwickshire CV8 2LY

Operator Check Sheet

Owner:	Operator:	Make:
Model:	Serial No:	Reg. No:
Date:	Hours/Mileage:	

Key	Checked/completed	<input checked="" type="checkbox"/>	Needs attention	<input checked="" type="checkbox"/>
	Adjusted	<input checked="" type="checkbox"/>	Not applicable	<input checked="" type="checkbox"/>

Regular checks

<p>Mechanical</p> <input type="checkbox"/> Is the attachment to tractor secure? <input type="checkbox"/> Is the chassis and structure free of cracks and rust? <input type="checkbox"/> Are the wheels and tyres in good condition? <input type="checkbox"/> Are guards, inc. PTO shaft guard, secure and undamaged?	<p>Nozzles</p> <input type="checkbox"/> Are all fittings and turrets in good condition? <input type="checkbox"/> Are all nozzles correctly orientated? <input type="checkbox"/> Are all check valves working properly? <input type="checkbox"/> Is the spray/distribution pattern visually correct?
<p>Hydraulic system, inc. Tracking system if fitted</p> <input type="checkbox"/> Are they free from leaks under pressure? <input type="checkbox"/> Are the hoses and connections worn or cracked?	<p>Controls and valves</p> <input type="checkbox"/> Are the master on/off switches working correctly? <input type="checkbox"/> Are all boom section switches functioning? <input type="checkbox"/> Can you read the pressure gauges easily?
<p>Electrical system</p> <input type="checkbox"/> Is the wiring undamaged and are all connections properly insulated? <input type="checkbox"/> Do all the lights work properly?	<input type="checkbox"/> Are all labels appropriate and legible? <input type="checkbox"/> Is the pressure adjustment stable? <input type="checkbox"/> Pressure gauge reading zero?
<p>Pneumatic system</p> <input type="checkbox"/> Is the system free from leaks when working under operator pressures?	<p>Chemical induction system</p> <input type="checkbox"/> Are the system and controls working properly? <input type="checkbox"/> Is it free leaks under pressure? <input type="checkbox"/> Are all labels appropriate and readable? <input type="checkbox"/> Is the rinse system and container wash system working properly?
<p>Sprayer tank</p> <input type="checkbox"/> Are the tank/chassis fasteners secure? <input type="checkbox"/> Free from leaks? <input type="checkbox"/> Does the lid fit securely and free from leaks? <input type="checkbox"/> Is the contents gauge clearly legible?	<p>Tank rinse system</p> <input type="checkbox"/> Is the system functioning properly?
<p>Boom</p> <input type="checkbox"/> Is it properly latched when folded for transport? <input type="checkbox"/> When unfolded, is it straight and level? <input type="checkbox"/> Does the height adjustment and suspension work properly? <input type="checkbox"/> Does the boom return to level when displaced to left and right? <input type="checkbox"/> Are the break-backs functioning freely? <input type="checkbox"/> Are the mountings and linkages secure and not worn?	<p>External washdown</p> <input type="checkbox"/> Is the system functioning properly?
<p>'Spray lines'</p> <input type="checkbox"/> Are they free from leaks under pressure? <input type="checkbox"/> No hoses and connectors worn or cracked? <input type="checkbox"/> Are all valves and filters in good condition?	<p>Personal</p> <input type="checkbox"/> Water supply tank filled? <input type="checkbox"/> Is the clothing locker clean and contents complete?
Periodical	
	<input type="checkbox"/> Jug test all nozzle outputs Date completed: <input type="checkbox"/> Formally complete and file check sheet Independent test due:

Comments/notes/specific items requiring attention