



IRRSP Candidate Performance Evaluation (Practical Examination)

Equipment used for these exams must be capable of simulating actual work conditions

Submit this form for the applicable method(s) (gamma ray or x-ray, or combination). Performance evaluations must be administered by either a current RSO or their approved representative, or an ASNT recognized institution. The performance evaluation must be documented and mailed to ASNT within six months of the written exam. Institutions recognized by ASNT are government or private institutions licensed by the USNRC or registered by an Agreement State for gamma radiation and by appropriate jurisdictional authorities for x-ray devices. Each performance review must be signed by the RSO.

Indicate to which of the following the practical examination applies: RAM X-ray
(Combination exams require the submittal of both RAM and X-ray practical exams.)

Name of IRRSP Candidate: _____

Radiographic Location: _____ Date: _____ Time: _____

RAM Radiation Source (Ir-192, Co-60, etc): _____ Curies: _____ Source Serial No.: _____

Exposure Device Serial No.: _____ Exposure Device Model No.: _____

X-Ray Radiation Source: _____ kV: _____ X-Ray Tube Serial No.: _____

Exposure Device Serial No.: _____ Exposure Device Model No.: _____

Survey Meter Model No.: _____ Serial No.: _____ Calibration. Due: _____

RSO or other Authority Administering Examination: _____

Printed Name

- | | Yes | No | N/A |
|---|--------------------------|--------------------------|--------------------------|
| 1. Was the candidate radiographer wearing the required personnel monitoring devices? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Were other individuals working within the restricted area wearing the required personnel monitoring devices? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Was the restricted area properly controlled to prevent unauthorized entry? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Was the radiation area posted with "CAUTION" "RADIATION AREA" signs? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Was the high radiation area posted with "CAUTION" or (DANGER) "HIGH RADIATION AREA" signs? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Did the candidate have a calibrated and properly operating survey meter? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Was a utilization log properly completed? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Did the candidate have sufficient knowledge of radiation safety and security rules as ascertained by oral inquiry? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Did the candidate perform the required equipment checks prior to operation? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Did the candidate properly establish the controlled area and complete the required survey record? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- | | Yes | No | N/A |
|---|--------------------------|--------------------------|--------------------------|
| 11. Did the candidate properly survey the entire exposure device and source tube (radioisotope) or area (X-ray)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Was the radiation producing equipment returned to storage properly or locked / secured to prevent unauthorized access, removal, or use? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Was the storage area posted with "CAUTION" (or DANGER) "Radioactive Material" sign (radioisotope only)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Did the candidate have ready access to operating and emergency procedures and regulations for protection against ionizing radiation? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Were there any items of concern other than those listed on this form? (If any, explain in "Remarks.") | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Did the candidate utilize proper techniques to maintain radiation doses As Low as Reasonably Achievable (ALARA)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

The candidate's performance was:

- Satisfactory
- Unsatisfactory, needs additional training
- Unsatisfactory, further activities prohibited
- If applicable, instruction provided

Remarks:

Practical Conducted By: _____ Date _____
Print Name Signature

Certified By (RSO): _____ Date _____
Print Name Signature