IRRSP Candidate Performance Review
(Practical Examination)

IRRSP certification requires the submittal of a practical examination for the applicable method(s) (gamma ray, x-ray, or both), administered by an ASNT recognized institution 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 Agreement States for gamma-radiation and by appropriate jurisdictional authorities for x-ray devices. ASNT will review and verify all documentation submitted.

Indicate to which of the following the practical examination applies:
(Combination exams require the submittal of two practical’s; a RAM and an X-ray)

☐ RAM  ☐ X-Ray

Name of IRRSP Candidate  ASNT ID

Radiographic Location  Date  Time

Radiation Source  Curies/kV  Serial No.

Exposure Devise Model No.  Exposure Device Serial No.

Survey Meter Model No.  Serial No.  Calibration Due

RSO or other Authority Administering Examination (Please Print Name)

1. Was the candidate wearing a combination of a dosimeter, alarming ratemeter, and a film badge or TLD?  YES  NO

2. Were other individuals working within the radiation area wearing a combination of a dosimeter, alarming ratemeter, and a film badge or TLD?  YES  NO

3. Was the radiation area properly controlled to prevent unauthorized entry?  YES  NO

4. Was the radiation area posted with "CAUTION RADIATION AREA" signs?  YES  NO

5. Was the high radiation area posted with "CAUTION" or (DANGER) "HIGH RADIATION AREA" signs?  YES  NO

6. Did the candidate have a calibrated and properly operating survey meter?  YES  NO

7. Was the utilization log properly completed?  YES  NO

8. Did the candidate have sufficient knowledge of safety rules, regulations and procedures as ascertained by oral inquiry?  YES  NO

9. Was the candidate working with defective equipment?  YES  NO
10. Did the candidate properly survey the entire exposure device and source tube (isotope) or area (X-ray)?

11. Was the radiation producing equipment stored properly and kept locked to prevent unauthorized removal or use?

12. Was the storage area posted with "CAUTION" (or DANGER) "RADIOACTIVE MATERIAL" sign (isotope only)?

13. Did the candidate have ready access to operating and emergency procedures and all applicable regulations for protection against ionizing radiation?

14. Were there any items of concern other than those listed on this form? (If any, explain in "Remarks", below.)

The candidate’s performance was:

☐ Satisfactory
☐ Unsatisfactory, needs additional training
☐ Unsatisfactory, further activities prohibited
☐ If applicable, instruction provided: ________________________________

If applicable, describe corrective actions resulting from failure of the candidate to properly perform during this review.

Remarks:
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

Practical Conducted By _______________________ Date _______________________

Phone _______________________ Email _______________________ 

Certified By (RSO) – Signature _______________________ Date _______________________ 

Phone _______________________ Email _______________________ 