



Industrial Radiography and Radiation Safety Personnel (IRRSP) Program

Required Forms Instructions

1. Print Forms
2. Complete forms in black ink.
3. Save each form in digital format. File names must be less than 64 characters.
4. Upload forms when instructed during the online application process.
5. Color Digital Photo (Headshot) is also required. Photo must be a passport or license-style headshot. Photos may be taken on devices such as a personal digital camera, cell phone or webcam. Preferred format is .jpg (.gif or .png also accepted)

You must complete the online application.

Do not mail, fax or email these documents to ASNT. Return to the website and complete the online application and upload these documents when instructed by the application process.

These forms are required. Failure to submit will delay the approval process or result in denial of approval.



Signature Form

Candidate Name _____ ASNT ID _____

ASNT must have a record of your signature on file.

- Please sign your name in the box below.
- Use black or dark blue ink only.
- Keep your signature completely within the lines or you will be required to submit another signature.
- Save this document electronically to be uploaded during the application process.



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Training History

List applicable radiation safety programs you have completed. Training programs could be from a community college, licensee, or other course provider. Successfully complete at least 40 hours of instruction in radiation safety topics as defined by the US Nuclear Regulatory Commission (USNRC) in USNRC 10 CFR Part 34, or Agreement State Regulations, or other jurisdictional authority (documentation required) for RAM or RAM/X-ray. Successfully complete at least 40 hours of instruction in the radiation safety topics described in the Suggested State Regulations for Control of Radiation (SSRCR) Part E, E.17(g) for X-ray only. Such training can be classroom instructor led, computer based or blended, provided by an institute recognized by ASNT.

Documentation can be a certificate or statement signed by the course provider clearly listing the hours of attendance and agency license/registration number. Mark program 1, 2 etc. on the appropriate documentation.

ASNT will review and verify all documentation submitted.

Program 1

Organization	Dates of Training	Total Hours
Organization Address		
City	State/Prov.	ZIP/Postal Code
Country		
Organization Trainer/Contact	Phone	Email

Program 2

Organization	Dates of Training	Total Hours
Organization Address		
City	State/Prov.	ZIP/Postal Code
Country		
Organization Trainer/Contact	Phone	Email

Program 3

Organization	Dates of Training	Total Hours
Organization Address		
City	State/Prov.	ZIP/Postal Code
Country		
Organization Trainer/Contact	Phone	Email



Industrial Radiography and Radiation Safety Personnel (IRRSP) Program

Employment History

Candidate Name _____ ASNT ID _____

Provide the name of the employer, address, contact information, dates of employment, and hours of active participation in performing (RAM - 320 hours; X-Ray - 160 hours; Both - 480 hours) accumulated by category (i.e. RAM or X-Ray) along with applicable documentation. Documentation shall be verified on this form by a current Radiation Safety Officer (RSO) or company personnel officer who has reviewed your radiation employment history. Photocopies of past radiation employment records or other suitable, traceable documentation are also acceptable. **ASNT will review and verify all documentation submitted.**

Position # 1 Dates of Employment _____
Start Date End Date Total Time (Months)

Organization Name _____

Organization Address _____ City _____ State/Prov. _____ ZIP/Postal Code _____

Category and Hours of Experience (check more than one if applicable):
Radioactive Material (RAM) Hours: _____ X-Ray Hours: _____

Please provide documentation of employment. Check the appropriate box describing documentation.

Verification _____ Email _____
Name of Past Employer or Knowledgeable Verifier (Please Print) Phone _____
Signature of Past Employer or Knowledgeable Verifier Relationship _____ Date _____

Other documentation (please describe) _____

Document additional positions on page 2

Industrial Radiography and Radiation Safety Personnel (IRRSP) Program

Employment History

Candidate Name _____ ASNT ID _____

Position # 2 Dates of Employment _____

Start Date End Date Total Time (Months)

Organization Name _____

Organization Address _____ City _____ State/Prov. _____ ZIP/Postal Code _____

Category and Hours of Experience (check more than one if applicable):

Radioactive Material (RAM) Hours: _____ X-Ray Hours: _____

Please provide documentation of employment. Check the appropriate box describing documentation.

Verification _____ Email _____
Name of Past Employer or Knowledgeable Verifier (Please Print) Phone _____
Signature of Past Employer or Knowledgeable Verifier Relationship _____ Date _____

Other documentation (please describe) _____

Position # 3 Dates of Employment _____

Start Date End Date Total Time (Months)

Organization Name _____

Organization Address _____ City _____ State/Prov. _____ ZIP/Postal Code _____

Category and Hours of Experience (check more than one if applicable):

Radioactive Material (RAM) Hours: _____ X-Ray Hours: _____

Please provide documentation of employment. Check the appropriate box describing documentation.

Verification _____ Email _____
Name of Past Employer or Knowledgeable Verifier (Please Print) Phone _____
Signature of Past Employer or Knowledgeable Verifier Relationship _____ Date _____

Other documentation (please describe) _____

Document additional positions on page 3

Industrial Radiography and Radiation Safety Personnel (IRRSP) Program

Employment History

Candidate Name _____ ASNT ID _____

Position # 4 Dates of Employment _____
Start Date End Date Total Time (Months)

Organization Name _____

Organization Address _____ City _____ State/Prov. _____ ZIP/Postal Code _____

Category and Hours of Experience (check more than one if applicable):

Radioactive Material (RAM) Hours: _____ X-Ray Hours: _____

Please provide documentation of employment. Check the appropriate box describing documentation.

Verification

Name of Past Employer or Knowledgeable Verifier (Please Print) _____	Email _____
Signature of Past Employer or Knowledgeable Verifier _____	Phone _____
Relationship _____	Date _____

Other documentation (please describe) _____

Position # 5 Dates of Employment _____
Start Date End Date Total Time (Months)

Organization Name _____

Organization Address _____ City _____ State/Prov. _____ ZIP/Postal Code _____

Category and Hours of Experience (check more than one if applicable):

Radioactive Material (RAM) Hours: _____ X-Ray Hours: _____

Please provide documentation of employment. Check the appropriate box describing documentation.

Verification

Name of Past Employer or Knowledgeable Verifier (Please Print) _____	Email _____
Signature of Past Employer or Knowledgeable Verifier _____	Phone _____
Relationship _____	Date _____

Other documentation (please describe) _____



IRRSP No. _____

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"/> |

- | | Yes | No | N/A |
|---|--------------------------|--------------------------|--------------------------|
| 10. Did the candidate properly establish the controlled area and complete the required survey record? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 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