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

1. Was the candidate radiographer wearing the required personnel monitoring devices?  
☐ Yes  ☐ No  ☐ N/A

2. Were other individuals working within the restricted area wearing the required personnel monitoring devices?  
☐ Yes  ☐ No  ☐ N/A

3. Was the restricted area properly controlled to prevent unauthorized entry?  
☐ Yes  ☐ No  ☐ N/A

4. Was the radiation area posted with “CAUTION” “RADIATION AREA” signs?  
☐ Yes  ☐ No  ☐ N/A

5. Was the high radiation area posted with “CAUTION” or (DANGER) “HIGH RADIATION AREA” signs?  
☐ Yes  ☐ No  ☐ N/A

6. Did the candidate have a calibrated and properly operating survey meter?  
☐ Yes  ☐ No  ☐ N/A

7. Was a utilization log properly completed?  
☐ Yes  ☐ No  ☐ N/A

8. Did the candidate have sufficient knowledge of radiation safety and security rules as ascertained by oral inquiry?  
☐ Yes  ☐ No  ☐ N/A

9. Did the candidate perform the required equipment checks prior to operation?  
☐ Yes  ☐ No  ☐ N/A

10. Did the candidate properly establish the controlled area and complete the required survey record?  
☐ Yes  ☐ No  ☐ N/A
11. Did the candidate properly survey the entire exposure device and source tube (radioisotope) or area (X-ray)?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
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</table>

12. Was the radiation producing equipment returned to storage properly or locked / secured to prevent unauthorized access, removal, or use?

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<tr>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
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13. Was the storage area posted with “CAUTION” (or DANGER) “Radioactive Material” sign (radioisotope only)?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
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14. Did the candidate have ready access to operating and emergency procedures and regulations for protection against ionizing radiation?

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<tr>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
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</table>

15. Were there any items of concern other than those listed on this form? (If any, explain in “Remarks.”)

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
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16. Did the candidate utilize proper techniques to maintain radiation doses As Low as Reasonably Achievable (ALARA)?

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<tr>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
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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