

Attach two (2)  
passport photos here

# Industrial Radiography Radiation Safety Personnel Certification Application



## ASNT Identification Number

If you have previously been given an ASNT identification number, please enter it in this box:

## Personal Data

 Mail certification information to:  Home  Work

### Name

Last First Middle Init.

### Home

Address

City State/Prov. ZIP/Postal Code Country

Phone Fax Email

### Work

Organization Name

Address

City State/Prov. ZIP/Postal Code Country

Phone Fax Email

## Exams and Fees

Examination	<input type="checkbox"/> Radioactive Materials (RAM)	<input type="checkbox"/> X-Ray	<input type="checkbox"/> Combo (RAM/X-Ray)
Exam Location			
Exam Date		Exam Time (am or pm)	
Fees	<input type="checkbox"/> Non-member Examination and Certification/Recertification Fee	\$145	
	<input type="checkbox"/> ASNT Member Examination and Certification/Recertification Fee.	\$125	
	<input type="checkbox"/> Retake Failed Examination	\$ 90	
	<input type="checkbox"/> Replace Certification Card (One additional passport type photo is required.)	\$ 25	
		<b>Total Due</b>	

## Payment

Check  Visa  Personal Credit Card  Company Credit Card

Money Order  MasterCard Card Number \_\_\_\_\_

**Make payable to ASNT**  American Express Expiration Date \_\_\_\_\_

Discover Signature \_\_\_\_\_

Today's Date \_\_\_\_\_

# Employment History

Photocopy this page as necessary to list your experience history. Provide the name of the employer, address, 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 may 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 verify all documentation submitted.**

**Position #** \_\_\_\_\_ **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 \_\_\_\_\_  
Signature of Past Employer or Knowledgeable Verifier Relationship Date

Other documentation (please describe) \_\_\_\_\_

**Position #** \_\_\_\_\_ **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 \_\_\_\_\_  
Signature of Past Employer or Knowledgeable Verifier Relationship Date

Other documentation (please describe) \_\_\_\_\_

**Position #** \_\_\_\_\_ **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 \_\_\_\_\_  
Signature of Past Employer or Knowledgeable Verifier Relationship Date

Other documentation (please describe) \_\_\_\_\_

# Training History

List applicable radiation safety programs you have completed. Training programs could be from a community college, licensee, or other course provider. You must **attach documentation** for at least 40 hours of radiation safety training. 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. For recertification, the training must have been completed within the five-year certification period. **ASNT will verify all documentation submitted.**

## Program 1

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

## Program 2

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

## Program 3

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

# Statement Requirements

Signature on this form acknowledges that the candidate subscribes to the following:

If certified by ASNT, I agree to abide by the ASNT Industrial Radiography Radiation Safety Personnel (IRRSP) Rules of Conduct as interpreted by ASNT for the period of the Certification. I acknowledge that ASNT Industrial Radiography Radiation Safety Personnel Certification is not a personal or property right to which I am entitled, but is recognition which is granted by ASNT on the basis of my qualifications, successful completion of examinations, and my willingness to abide by and be governed by the ASNT Industrial Radiography Radiation Safety Personnel Rules of Conduct for the term of Certification. As such, I agree that ASNT, upon written complaint, notice, and hearing, may censure me or suspend or revoke the ASNT Industrial Radiography Radiation Personnel Certification in the event of a determination that I have violated the rules governing the ASNT Industrial Radiography Radiation Safety Personnel Certification. I further agree that Certification which may result from this application arises solely pursuant to the requirement set forth by The American Society for Nondestructive Testing, Inc. and does not constitute any form of license issued by federal, state, local regulatory, or governing body. I further acknowledge that any requirement for ASNT Certification is within the sole discretion of any government authority,

public or private employer who specifies this status as a condition of employment or other qualification. I hereby attest that all entries made on the application form are true and correct, and no information that might be detrimental to my Certification has been withheld. ASNT may make any inquiries necessary to determine my qualifications for Certification. I agree to abide by the decision of ASNT relative to the granting of the ASNT Industrial Radiography Radiation Safety Personnel Certification, as applied.

In consideration of the acceptance and processing of my application for ASNT Industrial Radiography Radiation Safety Personnel Certification, I release and forever discharge The American Society for Nondestructive Testing, Inc. (ASNT), it's directors, officers, members and employees from any and all liabilities, claims, demands, or causes of action whatsoever, which now exist or which may arise as a result of my activities or actions as an ASNT Industrial Radiography Radiation Safety Personnel certified individual. In addition, I agree to indemnify and hold harmless ASNT from any claims by third parties asserted against ASNT as a result of the ASNT Certification granted to me. I have read and understand the current ASNT Refund Policy.

\_\_\_\_\_  
Print Name of Applicant

\_\_\_\_\_  
Print Name of Witness

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

## Wallet Card Signature

In the event that you meet all IRRSP certification requirements, ASNT will issue you a wallet card including your certification and expiration date, photograph, and signature. Your signature on this page will be used for your wallet card.

**Please sign your name in the box below.**

**Use black or blue ink only.**

**Keep your signature completely within the lines or you  
will be required to submit another signature.**



# IRRSP Certification

ASNT's Industrial Radiography Radiation Safety Personnel (IRRSP) certification program meets the guidelines and criteria of the NRC as stated in 10 CFR Part 34 for industrial radiography.

## Qualification Requirements

Applicants must provide documentation to satisfy qualification requirements in the following five areas:

- (1) Successfully complete 40 hours of formal classroom 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). Documentation can be a certificate or statement signed by the course provider clearly listing the hours of attendance and agency license/registration number. **ASNT will verify all documentation submitted.**
- (2) Accumulate:

RAM	320 hours of active participation in performing gamma ray category (Radioactive Materials, RAM)
X-ray	160 hours of active participation in performing x-ray category, or;
Both	480 hours consisting of 320 hours in RAM and 160 hours in x-ray.

Experience must be acquired under the control of a license granted by the USNRC, by an Agreement State for gamma-radiation, or by a jurisdictional authority for x-radiation (documentation required). Documentation can be photocopies of past radiation employment records, or other suitable, traceable documentation is also acceptable. **ASNT will verify all documentation submitted.**

- (3) Submit a fully completed IRRSP application form, required fees, and two copies of a 1-1/2 by 1 1/2 in. (4 by 4 cm) color passport photograph of the applicant.
- (4) Submit 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. **Each practical must be notarized.**
- (5) Acknowledge and agree to abide by the ASNT IRRSP Rules of Conduct. These rules apply to individuals who successfully complete the certification program requirements. These rules are necessary to protect the health and safety of ASNT certified individuals, other workers, and the integrity of this certification program.
- (6) Complete the Fee Worksheet on page 1 and enclose the correct fee payable to:

The American Society for Nondestructive Testing, Inc.  
1711 Arlingate Lane  
PO Box 28518  
Columbus, Ohio 43228-0518

Telephone: 800-222-2768  
Fax: 614-274-6899

## Requalification Requirements

- (1) Requalification shall occur every five (5) years by examination which shall include written and practical examinations. **Each practical must be notarized.**
- (2) Successfully complete 40 hours of formal classroom instruction, 12 months prior to recertification, in radiation safety topics or at least eight (8) hours of annual classroom refresher training as defined in USNRC 10 CFR Part 34, or Agreement State Regulations, or other jurisdictional authority during the certification period (documentation required). Documentation can be a certificate or statement signed by the course provider clearly listing the hours of attendance. **ASNT will verify all documentation submitted.**

## Submit Application

Mail pages 1 through 4 of this application with supporting documentation, fees, and photographs to ASNT at:

**ASNT**  
**1711 Arlingate Lane**  
**P.O. Box 28518**  
**Columbus, OH 43228-0518**

## Rules of Conduct

### 1. Purpose and Scope

- 1.1. The following ASNT IRRSP Rules of Conduct are applicable to those individuals who possess a current ASNT IRRSP Certification. These rules of conduct are considered necessary to protect the health and safety of the ASNT IRRSP certified individual, other workers, and the general public from the effects of ionizing radiation. These rules of conduct are also considered necessary to maintain the integrity of the ASNT IRRSP Certification Program.

### 2. Rules of Conduct

The ASNT IRRSP certified individual agrees to:

- 2.1. Maintain high standards of skills and knowledge of radiation safety and implement them in accordance with the USNRC or Agreement State regulations for isotopes or appropriate jurisdictional authority regulations for x-ray devices and the employer's radiation safety procedures.
- 2.2. Assume responsibility for radiation safety for the radiation producing equipment, only after completion of the required training and experience as stated by the employer's radiation safety procedures for the radiation producing equipment used.
- 2.3. Promptly inform the employer and/or proper authority of any activity that causes, or may cause, the violation of the employer's radiation safety procedures or the USNRC or Agreement State regulations for isotopes or the appropriate jurisdictional authority regulations for x-ray devices.
- 2.4. Minimize and maintain radiation exposures as low as reasonably achievable.
- 2.5. Wear and maintain personnel radiation monitoring devices as required by the employer's radiation safety procedures.
- 2.6. Maintain accurate knowledge of current personal radiation exposure and not exceed the required limits without written authorization from the employer as permitted by the regulations.
- 2.7. Accurately complete and maintain, in a timely manner, the required radiation safety documentation.
- 2.8. Always perform radiation surveys using the required instrumentation, and properly identify, control, and monitor the radiation areas and high radiation areas in the manner stated by the employer's radiation safety procedures.
- 2.9. Maintain current ASNT IRRSP Certification, when required, and not represent one's self as ASNT IRRSP certified without a current ASNT IRRSP Certification for the radiation producing equipment required to use.
- 2.10. Never misuse the ASNT IRRSP Certification.
- 2.11. Avoid conflicts of interest involving radiation safety with his/her employer and promptly disclose all such unavoidable circumstances to the employer and the proper authorities.
- 2.12. Refuse to accept gratuities or bribes which are associated with performance of radiation safety duties.
- 2.13. Never falsify or misrepresent his/her, or any other industrial radiography person's radiation safety qualifications and never knowingly allow others to falsify or misrepresent his/her radiation safety qualifications.
- 2.14. Neither associate with or knowingly participate in a fraudulent or dishonest radiation safety venture and never perform radiation safety duties in a fraudulent manner.
- 2.15. Refuse to falsify any radiation safety documents and refuse to sign such documents for which he/she does not have personal knowledge.
- 2.16. Refuse to testify or issue statements or arguments on radiation safety matters unless they are founded on adequate knowledge of the facts and technical competence.
- 2.17. Never operate radiation producing equipment or perform radiation safety duties while under the influence of legal or illegal mood altering substances.

## Transfer / Cancellation / Refund Policy

All ASNT examinations or Refresher Courses are required to be taken within one calendar year from the date on the original Letter of Notification/Letter of Approval sent to the applicant. One transfer is permitted within that year, subject to the administrative fees detailed below. Failure to take examinations or Courses within that one-year period will result in forfeiture of all fees to ASNT.

The transfer or cancellation deadline is two (2) calendar weeks prior to the week of a scheduled examination, or two (2) calendar weeks prior to the first week of Refresher Courses. Transfers or cancellations received before the deadline will be subject to a \$75.00 administrative fee **PER EXAMINATION OR COURSE**. A transferring applicant must remit those administrative fees to ASNT by the application deadline for the rescheduled examination or Course. No examination or Course attendance will be permitted unless all fees are paid. Canceling applicants will receive a refund less all administrative fees.

No transfers or cancellations will be accepted after the above transfer deadline. Failure to show up ("No Shows") for scheduled examinations or Courses will result in forfeiture of the fees for the missed examinations or Courses.

If an examination application is received and the applicant is found to be unqualified to take the examination, a refund will be issued less an administrative fee of \$75.00 **PER METHOD**.

No refunds will be made for recertification applicants who do not meet the requirements for recertification.

All other fees are non-refundable and non-transferable.

All requests for transfers or cancellations must be submitted in writing to ASNT and be signed by the person registered for the examination or Course. A signed fax transmittal is acceptable.

## **NO EXCEPTIONS WILL BE MADE TO THE ABOVE POLICY**

# Appendix 1

## 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. **Each practical must be notarized.**

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

Name of IRRSP Candidate		ASNT ID
Radiographic Location	Date	Time
Radiation Source	Curies/kV	Serial No.
Exposure Device Model No.	Exposure Device Serial No.	
Survey Meter Model No.	Serial No.	Calib. Due
RSO or other Authority Administering Examination (Please Print Name)		

- |  | YES                      | NO                       |
|--|--------------------------|--------------------------|
| 1. Was the candidate wearing a combination of a dosimeter, alarming ratemeter, and a film badge or TLD?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Were other individuals working within the radiation area wearing a combination of a dosimeter, alarming ratemeter, and a film badge or TLD? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Was the radiation area properly controlled to prevent unauthorized entry?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Was the radiation area posted with "CAUTION RADIATION AREA" signs?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Was the high radiation area posted with "CAUTION" or (DANGER) "HIGH RADIATION   | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Did the candidate have a calibrated and properly operating survey meter?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Was the utilization log properly completed?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Did the candidate have sufficient knowledge of safety rules, regulations and procedures as ascertained by oral inquiry?                     | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Was the candidate working with defective equipment?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Did the candidate properly survey the entire exposure device and source tube (isotope) or area (X-ray)?                                    | <input type="checkbox"/> | <input type="checkbox"/> |

- |   | <b>YES</b>               | <b>NO</b>                |
|---|--------------------------|--------------------------|
| 11. Was the radiation producing equipment stored properly and kept locked to prevent unauthorized removal or use?                                       | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Was the storage area posted with "CAUTION" (or DANGER) "RADIOACTIVE MATERIAL" sign (isotope only)?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Did the candidate have ready access to operating and emergency procedures and all applicable regulations for protection against ionizing radiation? | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Were there any items of concern other than those listed on this form?<br>(If any, explain in "Remarks", below.)                                     | <input type="checkbox"/> | <input type="checkbox"/> |

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:

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Practical Conducted By \_\_\_\_\_ Date \_\_\_\_\_

Certified By (RSO) \_\_\_\_\_ Date \_\_\_\_\_

The above IRRSP Candidate Performance Review was sworn to before me and subscribed in my presence by:

\_\_\_\_\_ and \_\_\_\_\_  
 this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

State of: \_\_\_\_\_  
 Notary Public: \_\_\_\_\_  
 County of: \_\_\_\_\_  
 Commission Expires: \_\_\_\_\_