



<b>G13-M REGISTRATION as a <u>METROLOGIST</u></b>					<b>(Ionizing Radiation)</b>								
<b>Practical Calibration Tasks &amp; Requirements.</b>					<b>Evidence of successfully completed tasks in a laboratory:</b> Reference to ONE (1) Calibration <u>per task</u> to be entered. Reference to participation in <u>ONE</u> (1) ILC is mandatory. Data entered shall preferably not be older than <u>5 years</u> . (When supplying evidence of tasks/certificates, please use number on left below to identify the task/certificate).								
Number of Years of Experience in Ionizing Radiation Metrology										Please Submit Evidence			
Registered as a "Trainee Metrologist" <i>(If yes state registration number)</i>													
Holder of a SANAS Certificate of Competence in Ionizing Radiation Metrology			Y	N									
Successful completion of a training course in Radiation Metrology			Y	N									
Training course that covers as a minimum the safety aspects related to working with radioactive sources			Y	N									
No	Calibration Tasks (Add additional supporting tasks if desired)	Equipment Model	Cert No	(for Office use only)	Participated ILC (Details or Report No.)	(for Office use only)							
	<b>The following 3 tasks are required:</b>												
1	Calibration of Survey Meters												
2	Calibration of EPD's (Personal Dosimeters)												
3	Calibration of Contamination Monitors												
4													
5													
6													
7													
8													
9													
<b>► Data including a detailed calculation of the Uncertainty of Measurements must be submitted for at least one of the certificates submitted for evaluation ◀</b>													
I hereby declare that the above information is a true reflection of my experience.			Application is supported by Head of Lab or Registered Metrologist										
Name: _____		Signature: _____		Name: _____		Signature: _____							
Date: _____				Position: _____									



<b>G13-E REGISTRATION as an <u>EXPERT METROLOGIST</u></b>					<b>(Ionizing Radiation)</b>										
<b>Practical Calibration Tasks &amp; Requirements.</b>					<b>Evidence of successfully completed tasks in a laboratory:</b> Reference to ONE (1) Calibration <u>per task</u> to be entered. Reference to participation in <u>ONE</u> (1) ILC is mandatory. Data entered shall preferably not be older than <u>5 years</u> . (When supplying evidence of tasks/certificates, please use number on left below to identify the task/certificate).										
Number of Years of Experience in Ionizing Radiation Metrology										Please Submit Evidence					
Registered as a "Ionizing Radiation Metrologist" <i>(If yes state registration number)</i>															
Successful completion of a training course in Radiation Metrology Training course that covers as a minimum the safety aspects related to working with radioactive sources			Y	N											
All tasks for Radiation Metrologist Level (See Form G13-M) completed			Y	N											
<b>No</b>	<b>Calibration Tasks.</b> (Add additional supporting tasks if desired)				<b>Equipment Model</b>	<b>Cert No</b>	<i>(for Office use only)</i>	<b>*Participated ILC</b> <i>(Details or Report No.)</i>	<i>(for Office use only)</i>						
	<b>The following task is required:</b>														
<b>1</b>	Calibration or verification of a Radiation track														
	(List all tasks motivating MetCert registration noting that these tasks should be at an advanced level of metrology)														
<b>2</b>															
<b>3</b>															
<b>4</b>															
<b>5</b>															
<b>6</b>															
<b>7</b>															
▶ <b>Data including a detailed calculation of the Uncertainty of Measurements must be submitted for at least one of the certificates submitted for evaluation</b> ◀															
I hereby declare that the above information is a true reflection of my experience.  Name: _____ Signature: _____  Date: _____					Application is supported by Head of Lab or Registered Metrologist  Name: _____ Signature: _____  Position: _____										