



<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>							
Successful completion of a training course in Ionizing Radiation Metrology 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 4 tasks are required:</b>						
1	Calibration of Survey Meters (Radiation monitors)						
2	Calibration of Electronic personal dosimeters (EPD's)						
3	Calibration of Surface Contamination Monitors						
4	Leak Testing						
	<b>At least 3 of the following tasks:</b>						
5	Calibration of Well Chambers in terms of reference air kerma rate						
6	Calibration ionisation chambers in terms of air kerma						
7	Calibration of ionisation chambers in terms of absorbed dose to water						
8	Irradiation of TLD's						
9	Calibration of Radon Monitors						
10	Calibration of Stack Monitors						
11	Calibration of barrier monitors (Hand and Foot)						
<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: _____			



<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 Ionizing Radiation Metrology Training course that covers as a minimum the safety aspects related to working with radioactive sources		Y	N						
All tasks for Ionizing 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 2 tasks are is required:</b>								
1	Calibration or verification of a Radiation track								
2	Development and/or improvement of measurement capabilities (Generation of new procedures)								
3									
4									
5									
6									
7									
<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:				