

Certified Exposure Device Operator Work Log

To maintain the knowledge and skills required to safely operate an exposure device, each certified exposure device operator (EDO) is expected to work continuously as a certified EDO. It is the responsibility of each certified EDO to maintain a log of their EDO-related work experience and to submit their log to the Canadian Nuclear Safety Commission (CNSC) upon request.

Part 1 – EDO information													
	∕ır. ☐ Mrs.	□ Ms.	First name	Mid	ldle nam	ne(s)			Last nam	e			NRCan number
Part 2 – Continuous work log													
The following list provides the acceptable categories of continuous EDO-related work.													
	1. Work as a certified EDO												
	2. Training of certified EDOs												
	3. Supervision of certified EDOs												
	4. Work as a radiation safety officer (RSO) for certified EDOs												
	5. Inspection of certified EDO operations												
	6. Servicing and testing of exposure devices												
	7. Management of a radiography program												
	8. Work as an emergency responder for radiography operations												
9. Other (please specify):													
Log your EDO-related work experience in the table below, indicating the categories of continuous work defined above.													
(If y	ou need more	space, at	tach a separ	ate sheet of pape	r.)								
1	Category of	continuou	ıs work (ched	ck all that apply):			3					□ 8	9
	Work start da	te (YYYY/M	IM)	Work end date (Y	YYY/MN	∕ 1)			Approxima	ate total	numb	er of ho	ours
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2	Category of continuous work (check all that apply): 1 1 2 3 3					4 🗆 5	G 6	7	□ 8	9			
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EDO'S flame:	Protected A when

Part 2 – Continuous work log – continued							
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	Work start date (YYYY/MM)	Work end date (YYYY/MM)	Approximate total number of hours				
	Employer name	Location (city and province)	Contact name and telephone number				
6	Category of continuous work (chec	ck all that apply): 🔲 1 🔲 2 🔲 3 🗔	1 4 1 5 1 6 1 7 1 8 1 9				
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	Work start date (YYYY/MM)	Work end date (YYYY/MM)	Approximate total number of hours				
	Employer name	Location (city and province)	Contact name and telephone number				
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	Work start date (YYYY/MM)	Work end date (YYYY/MM)	Approximate total number of hours				
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11	Category of continuous work (chec	k all that apply): 🔲 1 🔲 2 🔲 3 🗀	1 4 1 5 1 6 1 7 1 8 1 9				
	Work start date (YYYY/MM)	Work end date (YYYY/MM)	Approximate total number of hours				
	Employer name	Location (city and province)	Contact name and telephone number				
Par	t 3 – Attestation						
I attest that the information given on this form and in any documents attached is, to the best of my knowledge, correct and complete.							
EDC)'s name						
EDO's signature Date It is an offence to make a false or misleading statement. YYYY/MM/							
1	ir is an offence to ma	ke a laise or misieading statement	YYYY/MM/DD				

