



## 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			
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	First name	Middle name(s)	Last name
			NRCan number
Part 2 – Continuous work log			
<p>The following list provides the acceptable categories of continuous EDO-related work.</p> <ol style="list-style-type: none"> <li>1. Work as a certified EDO</li> <li>2. Training of certified EDOs</li> <li>3. Supervision of certified EDOs</li> <li>4. Work as a radiation safety officer (RSO) for certified EDOs</li> <li>5. Inspection of certified EDO operations</li> <li>6. Servicing and testing of exposure devices</li> <li>7. Management of a radiography program</li> <li>8. Work as an emergency responder for radiography operations</li> <li>9. Other (please specify): _____</li> </ol> <p>Log your EDO-related work experience in the table below, indicating the categories of continuous work defined above. (If you need more space, attach a separate sheet of paper.)</p>			
1	Category of continuous work (check all that apply): <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 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
2	Category of continuous work (check all that apply): <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 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
3	Category of continuous work (check all that apply): <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 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
4	Category of continuous work (check all that apply): <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 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

EDO's name: \_\_\_\_\_

Protected A when completed

**Part 2 – Continuous work log – continued**

5	Category of continuous work (check all that apply): <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 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
6	Category of continuous work (check all that apply): <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 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
7	Category of continuous work (check all that apply): <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 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
8	Category of continuous work (check all that apply): <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 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
9	Category of continuous work (check all that apply): <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 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
10	Category of continuous work (check all that apply): <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 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
11	Category of continuous work (check all that apply): <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 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

**Part 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.

EDO's name \_\_\_\_\_

EDO's signature \_\_\_\_\_

Date \_\_\_\_\_

It is an offence to make a false or misleading statement.

YYYY/MM/DD