



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			
The following list provides the acceptable categories of continuous EDO-related work.			
<ol style="list-style-type: none"> 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 you need more space, attach a separate sheet of paper.)			
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

The personal information you provide on this form is collected under the authority of section 25 of the Nuclear Substances and Radiation Devices Regulations for the purpose of certifying exposure device operators (EDOs) and establishing a registry of EDOs certified to operate exposure devices in Canada. Personal information may be disclosed to Natural Resources Canada. Information may be used to evaluate program delivery, inform policy decisions and report to senior management. An inventory of certified exposure device operators may be published on the CNSC website. Failure to provide this personal information may result in your request for certification being delayed or refused. You have the right to the correction of, access to, and protection of, your personal information under the Privacy Act and to file a complaint with the Privacy Commissioner of Canada about the handling of your personal information. Personal information collected on this form is described in the Exposure Device Operator Certification Personal Information Bank CNSC PPU 060 and can be accessed and assessed for accuracy. For more information visit [Info Source](#).