

To: The Chief Executive, Queensland Health, Radiation Health Unit, PO Box 2368, Fortitude Valley BC Qld 4006

CERTIFICATE OF COMPETENCY

Applicant's Name:

Address:

I, a use licensee approved by Radiation Health to assess the competency of prospective portable density/moisture gauge use licensees, have assessed the proficiency of the abovementioned applicant in the use of density/moisture gauges for geo-technical purposes in the following areas:

	<u>Competency Achieved</u>	
	Yes	No
use of density/moisture gauges for geo-technical purposes	<input type="checkbox"/>	<input type="checkbox"/>
transport of density/moisture gauges	<input type="checkbox"/>	<input type="checkbox"/>
storage of density/moisture gauges	<input type="checkbox"/>	<input type="checkbox"/>
routine maintenance on the density/moisture gauge (eg. cleaning the shutter)	<input type="checkbox"/>	<input type="checkbox"/>
source leakage tests on the density/moisture gauge	<input type="checkbox"/>	<input type="checkbox"/>
use of radiation monitoring devices	<input type="checkbox"/>	<input type="checkbox"/>
use of personal monitoring devices	<input type="checkbox"/>	<input type="checkbox"/>
remediation procedures	<input type="checkbox"/>	<input type="checkbox"/>

I hereby certify that the applicant is competent in the safe use of radioactive substances in density/moisture gauges for geo-technical purposes.

Name (please print):

Licence No.:

Signature and Date: