

\* Indicates mandatory field

# NDT Task and Equipment Control Form

**MOD Format 762A(RW)**  
(Revised May 22)

Visit No:	*NDT Tech I/C:	Travel Hours:	Establishment:	Contact Number:				
No. of Persons:	*Continuation Sheet	DES Hours:	Equipment Control					
Additional Info:	DTG Raised:	DTG Cleared:	Item	Qty	Ser/Batch No.	Item	Qty	Ser/Batch No.
Equipment Control								
I certify that I have carried out a 100% check and accounted for all NDTE as listed before leaving the RNDTT:								
Date/Time:	*Name:	*Signature:						
I certify that I have carried out a 100% Tool and Equipment check and accounted for all NDTE (as listed) and returned any customer unit tools before leaving the customer unit:								
Date/Time:	*Name:	*Signature:						
Personal Dosimetry			I certify all PED readings have been transferred to the individual Personal Record		Radiation Monitoring Survey			
NDT L2	PED S/No.	Task Dose (µSv)	Task RPS Name/Signature	Work Instruction/Location	Settings KV/Ma	Control Panel (µSv)	Barrier (µSv)	
<b>Customer Feedback</b>								
Customer			Service (✓)		Supporting Comments (if ticked 'Unsatisfactory' comments are required)			
Signature	Print Name	Satisfactory	Unsatisfactory					

