

Radiological Control /Nuclear Questionnaire (If Applicable)

Applicant name/company: _____

Phone: _____

Per the application completed, please answer the following questions.

Please indicate if you or your subcontractors consult, involved in, perform or handle any of the following:

1) Radiological, radiation, and /or radioactive material: Yes No

If yes, please provide details and the type of work performed – include number of years of experience.

2) Transportation of any nuclear materials? Yes No

If yes, please provide details and the type of work performed – include number of years of experience.

3) Review, check, inspection, calibration, design of medical radiological equipment (i.e., x-ray machines). Yes No

If yes, please provide details and the type of work performed – include number of years of experience.

Signed _____ Date: _____