charles lowe

Charles Lowe Radiation Safety and NDT Training: NDT Experience / OJT Log Sheet

VISUAL TESTING (VT) EXPERIENCE LOG Page of

Technician Name: _____ Employer/Company: _____

Method: VT (Visual Testing) Start Date: _____ Responsible Level III (if applicable):_____

Date	Company/Jobsite	Inspection Activity / Task Performed	Hours Worked	Supervisor Name & Cert Level	Supervisor Signature

TOTAL HOURS _____

IMPORTANT NOTICE: These logs are intended as personal experience documentation aids only. Final acceptance of training hours, experience hours, OJT documentation, qualification, and certification requirements are determined solely by the employer's Written Practice, applicable codes/specifications, customer requirements, and the responsible NDT Level III. These forms do not constitute certification. Keep copies of all training, certification, and experience documentation for your permanent records. Rev. 0