

UNIVERSITY OF PITTSBURGH  
RADIATION SAFETY OFFICE  
NUCLEAR REGULATORY COMMISSION SECURITY REQUIREMENTS

**INSTRUCTIONS FOR COMPLETING “GAMMA IRRADIATOR ACCESS  
REQUEST” FORMS**

**Introduction**

The University of Pittsburgh and the University of Pittsburgh Medical Center (UPMC Presbyterian-Shadyside, Children’s Hospital and Magee-Women’s Hospital) have implemented a federally mandated program for access and use of gamma irradiators. This program includes research irradiators and clinical irradiators (gamma knife). One requirement of this program is that any individual who is granted unescorted access to these devices must be deemed “trustworthy and reliable”.

For this determination, each individual must submit a **“Gamma Irradiator Access Request”** form to the Radiation Safety Office.

Even if individuals have already undergone fingerprinting and background checks as part of the requirements of their employment, this form must be submitted. Once an individual is approved, a University issued ID or Proximity card, exclusively for the individual’s use, will be activated.

This information and the security program forms can be found on the Radiation Safety Office Web site at <http://www.radsafe.pitt.edu/ProgramInfo.htm> under Gamma Irradiator program.

**General Instructions for Filling out the Irradiator Access Request form**

Submit this form to the Radiation Safety Office when completed. It will be forwarded to the University Human Resources office for further action. The form may be printed and filled out by hand or you may use Adobe Reader to enter the information; however, the form **cannot** be saved with the completed information. Make sure that you print the filled in form before you close Adobe Reader. Please be sure to sign Section V and Attachments A, B, and C.

All collected information will be stored in a secure location. Completed applications will be reviewed pursuant to Nuclear Regulatory Commission Guidelines and, when approved, unescorted access will be granted. Specific policies and procedures will be distributed after approval.

## **Section I A Principal Investigator's Request**

Check all irradiators for which access is requested. Additional irradiators may be added in the future without further application.

This section must be signed by the Principal Investigator under whose name the research is being conducted. The cost of \$150 for conducting the background checks will be billed to the investigator; therefore an account number must be provided. The account number must begin with either 02 or 04. Grant account numbers beginning with 05 are not acceptable. The sub-code to use is 6490. For non-University researchers, provide an account number which can be invoiced.

## **Section I B Applicant Information**

Complete current biographical and employment information. Indicate if you currently possess a University ID or Proximity card and provide the card numbers.

## **Section II Personal History**

### Education Information

Provide the educational school information for the highest degree attained.

### Prior Address History

List the places where you have lived, previous to your present address, going back seven (7) years or to the age of 18, whichever is less. All time periods must be accounted for in your list. Do not leave time gaps. Be sure to indicate the actual physical location of your residence. Do not use a post office box as an address and do not list a permanent address when you were actually living at a school address, etc. *For Military Duty: List your base or ship and home port. You may omit your APO/FPO addresses if you lived overseas.* Use additional paper if necessary.

### Past Employment/Unemployment Information

List your employment activities, beginning with the most recent prior employment, going back seven (7) years or to the age of 18, whichever is less. If you have been with your current employer for longer than seven years, only the first entry needs to be completed. You should list all full-time work, part-time work, military service, temporary, military duty location over 90 days, self-employment, other paid work and all periods of unemployment.

### Personal References

Provide contact information for three references, including email, if available. The reference may not be a family member or relative.

## **Section III Statement of Criminal History**

Indicate if you have any criminal convictions within the past seven years and complete Attachment A if applicable. This section is required.

#### **Section IV Authorization for Release of Information**

Initial that you have completed the appropriate authorization release forms.

#### **Section V Verification**

Your signature and date are required.

#### **Attachment A Criminal Conviction History Disclosure**

Complete only if your answer to Section III is “yes”.

#### **Attachment B Notice Regarding Background Investigation**

Your signature and date are required.

#### **Attachment B1 Non-U.S Citizen Acknowledgement and Authorization**

Your signature and date are required on this form if you are not a US Citizen and/or you have listed an employer or educational institution located outside of the United States.

#### **Attachment C Authorization to Allow Fingerprinting**

This form will be used by the University Police as your authorization to be fingerprinted. Please fill in the table by using a computer or by hand printing. Information must be legible.

After review of this application, you will receive instruction on the fingerprinting procedures.

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**After the forms are completed and signed, mail, fax or bring the form to the Radiation Safety Office. If mailed, make sure to mark the envelope as confidential.**

**It is not necessary to mail or fax the summary of rights and other informational documents with your Access Request.**