



## Radiation Safety Office

Room G-7 Parran Hall  
Pittsburgh, Pennsylvania 15261  
412-624 -2728, 2729  
Fax: 412 - 624 -3562

### Gamma Irradiator Access Request Application

#### NOTICE

The United States Nuclear Regulatory Commission has imposed regulatory requirements (10 CFR 37) on the access and use of gamma irradiators and gamma knife devices. As a result, the University of Pittsburgh must control access to these radioactive sources and establish the trustworthiness and reliability of persons seeking unescorted access. All persons wanting unescorted access to gamma irradiators or gamma knife devices must complete and submit this form to the Radiation Safety Office.

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

I request \_\_\_\_\_ have unescorted access to and use of the following irradiator (s):  
Applicant Name

BST-9    BST-15    BST3    CLC    BRIDG    HCC-01    HCC-AN    GAMMA KNIFE

The cost of conducting background checks should be billed to the following account:

Account Number: \_\_\_\_\_ Institution: \_\_\_\_\_  
University 32 digit account number beginning with 02 or 04

Signed: \_\_\_\_\_ Department: \_\_\_\_\_ Date: \_\_\_\_\_  
Principal Investigator

#### Section 1 B. Applicant Information

|   |                       |                       |                       |                                   |  |
|---|-----------------------|-----------------------|-----------------------|-----------------------------------|--|
| Current Name (Last, First, Middle)      |                       | Date of Birth         |                       | Social Security Number            |  |
| Previous, Alias or Other Names Known By |                       | Date(s) of Change(s)  |                       | Employee ID No. or Univ 2P number |  |
| Current Employer                        | Date Employed         | Home Telephone No.    |                       | Work Telephone Number             |  |
| Department                              | Position/Title        |                       |                       | Email Address                     |  |
| Direct Supervisor                       | Supervisor's Position | Supervisors Phone No. |                       |                                   |  |
| Residence: Current Street Address       |                       |                       |                       | County                            |  |
| City                                    | State/Country         | Zip Code              | Dates at this Address |                                   |  |

Indicate what card(s) you currently possess. If you have neither check here:

University of Pittsburgh proximity card. Number: \_\_\_\_\_

University of Pittsburgh ID card that is also a proximity card.

2P Number: 2P000 \_\_\_\_\_

Five digit number printed on the upper right corner of the back of card: \_\_\_\_\_

**Section II. Personal History**

Refusal to provide or falsification of personal history information is sufficient cause for denial or termination of unescorted access.

**Education Information** (Please complete the following regarding the highest degree/diploma earned)  
 If highest degree is earned outside of the USA, attach a photocopy of the diploma/degree.

|                           |       |  |                     |                  |
|---------------------------|-------|--|---------------------|------------------|
| Complete School Name      |       | What was your complete name while attending this school? |                     |                  |
| Street Address            | City  | State/Country  | Zip                 | Telephone Number |
| Major                     | Minor | Other Concentration(s) or Certification(s)               |                     |                  |
| Degree or Diploma Earned: |       |  | Date of Graduation: |                  |

**Prior Address History Information:**  
**Complete for past 7 years or if you are younger than age 25, back to age 18**

|                            |               |          |                       |
|----------------------------|---------------|----------|-----------------------|
| #1 Previous Street Address |               |          | County                |
| City                       | State/Country | Zip Code | Dates at this Address |
| #2 Previous Street Address |               |          | County                |
| City                       | State/Country | Zip      | Dates at this Address |
| #3 Previous Street Address |               |          | County                |
| City                       | State/Country | Zip      | Dates at this Address |
| #4 Previous Street Address |               |          | County                |
| City                       | State/Country | Zip      | Dates at this Address |
| #5 Previous Street Address |               |          | County                |
| City                       | State/Country | Zip      | Dates at this Address |

## Past Employment/Unemployment Information:

Complete for past 7 years or if you are younger than age 25, back to age 18

|   |   |   |  |     |
|---|---|---|--|-----|
| <b>Employer #1</b> (Please list full company name)  |   |   | Telephone Number   |     |
| Employer's Street Address   |   | City  | State/Country  | Zip |
| Direct Supervisor/Unemployment Verifier's Full Name   | Direct Supervisor/Unemployment Verifier's Position Held |   | Supervisor's Telephone Number or email if outside of USA |     |
| Direct Supervisor/Unemployment Verifier's Street Address  |   | City  | State/Country  | Zip |
| Your Dates of Employment / Unempl.  | Prior Dates of Employ. at This Company                  | Your Current/Final Position Held or Military Rank | Your Final Rate of Pay                                   |     |
| If this is a past employer, what was your reason for leaving this company?                            |   |   |  |     |
| Are you Eligible for rehire? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "No," why?) |   |   |  |     |

|   |   |   |  |     |
|---|---|---|--|-----|
| <b>Employer #2</b> (Please list full company name)  |   |   | Telephone Number   |     |
| Employer's Street Address   |   | City  | State/Country  | Zip |
| Direct Supervisor/Unemployment Verifier's Full Name   | Direct Supervisor/Unemployment Verifier's Position Held |   | Supervisor's Telephone Number or email if outside of USA |     |
| Direct Supervisor/Unemployment Verifier's Street Address  |   | City  | State/Country  | Zip |
| Your Dates of Employment / Unempl.  | Prior Dates of Employ. at This Company                  | Your Current/Final Position Held or Military Rank | Your Final Rate of Pay                                   |     |
| If this is a past employer, what was your reason for leaving this company?                            |   |   |  |     |
| Are you Eligible for rehire? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "No," why?) |   |   |  |     |

|   |   |   |  |     |
|---|---|---|--|-----|
| <b>Employer #3</b> (Please list full company name)  |   |   | Telephone Number   |     |
| Employer's Street Address   |   | City  | State/Country  | Zip |
| Direct Supervisor/Unemployment Verifier's Full Name   | Direct Supervisor/Unemployment Verifier's Position Held |   | Supervisor's Telephone Number or email if outside of USA |     |
| Direct Supervisor/Unemployment Verifier's Street Address  |   | City  | State/Country  | Zip |
| Your Dates of Employment / Unempl.  | Prior Dates of Employ. at This Company                  | Your Current/Final Position Held or Military Rank | Your Final Rate of Pay                                   |     |
| If this is a past employer, what was your reason for leaving this company?                            |   |   |  |     |
| Are you Eligible for rehire? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "No," why?) |   |   |  |     |

**Personal References** (Three references are required, and may not be family members or relatives)

|                            |  |               |  |                  |  |     |
|----------------------------|--|---------------|--|------------------|--|-----|
| Name (Last, First, Middle) |  | Email Address |  | Telephone Number |  |     |
| Street Address             |  | City          |  | State/Country    |  | Zip |
| Name (Last, First, Middle) |  | Email Address |  | Telephone Number |  |     |
| Street Address             |  | City          |  | State/Country    |  | Zip |
| Name (Last, First, Middle) |  | Email Address |  | Telephone Number |  |     |
| Street Address             |  | City          |  | State/Country    |  | Zip |

**Section III. Criminal Conviction History**

Have you been convicted of a crime in the last seven (7) years? You are not obligated to disclose sealed, annulled or expunged convictions or convictions pardoned by the governor. Please be aware that a criminal conviction will not necessarily be a bar to the use of an irradiator. Failure to honestly and completely answer this question (other than as described below) will result in discontinued consideration of the application.

No  Yes If yes, complete **Attachment A**.

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

**Initial when completed;**

\_\_\_\_\_ I have reviewed the attached "Notice Regarding Background Investigation" (**Attachment B**) and have signed the "Acknowledgment and Authorization" to collect information in connection with my irradiator Access Request.

\_\_\_\_\_ For non-USA education and employment history, I have reviewed and signed the attached "Non-US Acknowledgment and Authorization" (**Attachment B1**).

\_\_\_\_\_ I have reviewed the attached "Notice Regarding Requirement for Fingerprinting and Criminal History Records Check" (**Attachment C**) and have signed the "Authorization to Allow Fingerprinting".

**Section V. Verification**

By signing this application, I attest that all the information I have provided is true and complete to the best of my personal knowledge and belief. I agree to follow all of the required rules and regulations of the United States Nuclear Regulatory Commission and the University of Pittsburgh Radiation Safety Committee when accessing and/or using irradiators or gamma knife devices. I further agree to access and operate the devices only for approved activities and will not access or use this device in any unauthorized manner. I understand that failure to follow these policies will result in my loss of unescorted access.

**Printed Name:** \_\_\_\_\_

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# Gamma Irradiator Access Request Attachment A

## Criminal Conviction History Disclosure

### **Section I**

Have you been convicted of a crime in the last seven (7) years? You are not obligated to disclose sealed, annulled or expunged convictions or convictions pardoned by the governor. Do not include traffic offenses, speeding, parking violations, etc. Please be aware that a criminal conviction will not necessarily be a bar to the use of an irradiator. Failure to honestly and completely answer this question (other than as described below) will result in discontinued consideration of the application.

Yes  No

### **Section II - Please list all criminal convictions in the last seven (7) years:** (use additional pages if necessary)

**Please detail the circumstances surrounding each criminal conviction** (use additional pages if necessary)

|  |                 |             |             |                       |
|--|-----------------|-------------|-------------|-----------------------|
| _____  | _____           | _____       | _____       | _____                 |
| <i>Crime(s) for which you were convicted</i> | <i>Sentence</i> | <i>Date</i> | <i>City</i> | <i>State/Province</i> |

|  |                 |             |             |                       |
|--|-----------------|-------------|-------------|-----------------------|
| _____  | _____           | _____       | _____       | _____                 |
| <i>Crime(s) for which you were convicted</i> | <i>Sentence</i> | <i>Date</i> | <i>City</i> | <i>State/Province</i> |

|  |                 |             |             |                       |
|--|-----------------|-------------|-------------|-----------------------|
| _____  | _____           | _____       | _____       | _____                 |
| <i>Crime(s) for which you were convicted</i> | <i>Sentence</i> | <i>Date</i> | <i>City</i> | <i>State/Province</i> |

### **Section III**

#### **Comments:**

Signature \_\_\_\_\_ Date \_\_\_\_\_

## **Gamma Irradiator Access Request Attachment B**

### **NOTICE REGARDING BACKGROUND INVESTIGATION [IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING ACKNOWLEDGMENT]**

University of Pittsburgh (“the Company” or “Employer”) may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a “consumer report” and/or an “investigative consumer report” which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with employers and/or associates. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by Employment Background Investigations, Inc. (EBI), P.O. Box 629, Owings Mills, MD 21117, 1-800-324-7700. These reports may be obtained at any time after receipt of your authorization and, if you are hired, throughout your employment. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. The scope of this notice and authorization is all-encompassing, however, allowing Employer to obtain from EBI all manner of consumer reports and investigative consumer reports now and, if you are hired, throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

### **ACKNOWLEDGMENT AND AUTHORIZATION**

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION (above) and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT (**Enclosure 1**) and certify that I have read and understand both of those documents. I hereby authorize the obtaining of “consumer reports” and/or “investigative consumer reports” at any time after receipt of this authorization and throughout my employment. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by EBI acting on behalf of Employer, and/or Employer itself. I agree that a facsimile (“fax”) or photographic copy of this Authorization shall be as valid as the original.

I may withdraw my consent at any time, which will terminate any elements of the background investigation not already in progress at that time. The withdrawal of consent is sufficient cause for denial or termination of unescorted access authorization.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Gamma Irradiator Access Request Attachment B1

## NON-U.S. CITIZEN ACKNOWLEDGMENT AND AUTHORIZATION

The Company or Employer indicated below may obtain “consumer reports” and/or “investigative consumer reports” about myself via the consumer reporting agency Employment Background Investigations, Inc. (EBI), P.O. Box 629, Owings Mills, MD 21117. My personal data will be collected only for the purposes of employment, may be obtained at any time after this agreement and, if I am hired, throughout the duration of my employment.

Personal information collected may include, but is not limited to: criminal records, driving and/or motor vehicle records, employment history, salary information, references and drug and alcohol testing results. I understand that I may voluntarily elect not to submit any or all of my personal information. I grant all applicable companies, firms, organizations, law enforcement agencies, courts, institutions, schools or universities (public or private), information service bureaus, or insurance companies permission to furnish any and all necessary information requested by EBI and/or its agents acting on behalf of the Employer, without reservation. I authorize the release and transmission of information from any country to the above mentioned agencies.

All information will be obtained in accordance with all applicable host nation laws regarding the release of information, which include the European Union Data Protection Directive, the Data Protection Privacy Act, The European Privacy Act, the Personal Information Protection and Electronic Documents Act (PIPEDA) and others. My signature below releases Employment Background Investigations, Inc. (EBI) and its agents, the Employer, and/or the company or individuals releasing information about me from any and all liabilities pertaining to the collection and dissemination the information obtained.

I may obtain a copy of any consumer report produced or maintained by Employment Background Investigations, Inc. (EBI). If I believe any information in EBI’s possession is inaccurate, I may contact EBI directly to discuss correcting, amending or deleting the incorrect information. European Union consumers may be charged a fee no greater than \$12 USD to cover delivery expenses and this report will be forwarded by EBI within 30 days. If I am a European Union consumer who feels that my privacy rights may have been violated, I may contact either EBI or the European Data Protection Authorities directly. I agree that a facsimile or photographic copy of this Authorization shall be as valid as the original.

Company/Employer: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Gamma Irradiator Access Request Attachment C

### Notice Regarding Requirement for Fingerprinting and Criminal History Records Check

The U. S. Nuclear Regulatory Commission (NRC) regulations in 10 CFR 37 mandate fingerprinting and Federal Bureau of Investigation (FBI) identification and criminal history records check for any individual who is seeking or permitted unescorted access to radioactive material in quantities of concern. Fingerprints will be taken by the University Police Department and submitted to the FBI. The information received from the FBI will be reviewed and considered by the University Office of Human Resources in conjunction with the trustworthiness and reliability requirements in determining whether to grant unescorted access. Prior to any final adverse determination, the University Office of Human Resources will make available to the individual the contents of any criminal records obtained from the FBI for the purpose of assuring correct and complete information.

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Type or print clearly the following information to be recorded onto the fingerprint card:

|   |      |                                |        |                                      |            |
|---|------|--------------------------------|--------|--------------------------------------|------------|
| Last Name                               |      | First Name                     |        | Middle Name                          |            |
| Previous, Alias or Other Names Known By |      | Date of Birth (month/day/year) |        | Place of Birth (City, State/Country) |            |
| Current Street Address                  |      | City                           |        | State/Country                        | Zip Code   |
| Citizenship                             |      | Social Security Number         |        | Current Employer                     |            |
| Sex                                     | Race | Height                         | Weight | Eye Color                            | Hair Color |

This form will be forwarded to the University Police Department and you will be notified when to appear for fingerprinting.

### **Authorization to allow fingerprinting**

I hereby authorize my fingerprints to be taken and submitted to the FBI in accordance with 10 CFR 37.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_



## **A Summary of Your Rights under the Fair Credit Reporting Act Enclosure 1**

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
  
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
  - a person has taken adverse action against you because of information in your credit report;
  - you are the victim of identify theft and place a fraud alert in your file;
  - your file contains inaccurate information as a result of fraud;
  - you are on public assistance;
  - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
  
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer

reporting agency, the agency must investigate unless your dispute is frivolous. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for an explanation of dispute procedures.

**Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.

- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).

- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.

- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.

- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).

**States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:**

**TYPE OF BUSINESS:**

**CONTACT:**

- |  |  |
|--|--|
| <ol style="list-style-type: none"><li>1. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates.<ol style="list-style-type: none"><li>a. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB.</li></ol></li><li>2. To the extent not included in item 1 above:<ol style="list-style-type: none"><li>a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks.</li><li>b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act.</li><li>c. Nonmember Insured Banks, Insured State Branches or Foreign Banks, and insured state saving associations.</li><li>d. Federal Credit Unions</li></ol></li><li>3. Air Carriers</li><li>4. Creditors Subject to Surface Transportation Board</li><li>5. Creditors subject to Packers and Stockyards Act, 1921</li><li>6. Small Business Investment Companies</li><li>7. Brokers and Dealers</li><li>8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations.</li><li>9. Retailers, Finance Companies, and All Other Creditors Not Listed Above.</li></ol> | <p>Consumer Financial Protection Bureau<br/>1700 G Street NW<br/>Washington, DC 20552</p> <p>Federal Trade Commission:<br/>Consumer Response Center – FCRA<br/>Washington, DC 20580<br/>(877) 382-4357</p> <p>Office of the Comptroller of the Currency<br/>Customer Assistance Group<br/>1301 McKinney Street, Suite 3450<br/>Houston, TX 77010-9050</p> <p>Federal Reserve Consumer Help Center<br/>P.O Box 1200<br/>Minneapolis, MN 55480</p> <p>FDIC Consumer Response Center<br/>1100 Walnut Street, Box #11<br/>Kansas City, MO 64106</p> <p>National Credit Union Administration<br/>Office of Consumer Compliance and Outreach (DCCO)<br/>1775 Duke Street<br/>Alexandria, VA 22314</p> <p>Asst. General Counsel for<br/>Aviation Enforcement &amp; Proceedings<br/>Aviation Consumer Protection Division<br/>Department of Transportation<br/>1200 New Jersey Avenue, SE<br/>Washington, DC 20590</p> <p>Farm Credit Administration<br/>1501 Farm Credit Drive<br/>McLean, VA 22102-5090</p> <p>FTC Regional Office for region in which the creditor operates or Federal Trade Commission: Consumer Response Center – FCRA<br/>Washington, DC 20580<br/>(877)382-4357</p> |
|--|--|