UNIVERSITY OF PITTSBURGH
RADIATION SAFETY OFFICE
NUCLEAR REGULATORY COMMISSION ORDER COMPLIANCE

INSTRUCTIONS FOR COMPLETING “IRRADIATOR ACCESS REQUEST” FORMS

Introduction

The University of Pittsburgh and the University of Pittsburgh Medical Center (UPMC Presbyterian-Shadyside, Children’s Hospital and Magee-Womens 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 requires unescorted access to these devices must be deemed “trustworthy and reliable.”

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

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

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.

Thank you for your cooperation.

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 6 or 7 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 Acrobat. Please be sure to sign both Sections V and Attachments A, B, C, and D.

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. Copies will also be posted in each irradiator area. **Failure to follow the policies will result in your loss of unescorted access.**
Section IA  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, 03, 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 IB  Applicant Information

Current Employer - University of Pittsburgh, UPMC Presbyterian-Shadyside, Children’s Hospital, Magee-Womens Hospital.

Check one of the two boxes indicating the length of your employment. Follow the directions for which additional sections must be completed.

Section II  Personal History  THIS SECTION IS REQUIRED IF YOU HAVE BEEN EMPLOYED LESS THAN 3 YEARS

Prior Address History

List the places where you have lived, previous to your present address, going back seven (7) years. 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 (#1) and working back. 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.

Section III  Statement of Criminal History

This section is required.
Section IV Authorization for Release of Information

Make sure that you initial both lines after you print the form.

Section V Verification

Sign and date the form.

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 is required.

Attachment C Authorization to allow Fingerprinting

A copy of the order requiring fingerprinting is provided to you, as required by the order (Section III C). By signing Attachment C you acknowledge that the order was provided to you.

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.

It is not necessary to mail or fax the copy of the order in with your Access Request.

Attachment D Proximity Card Request Form

A proximity card is read by holding the card near a reader. It is not swiped through a card reader. Current UPMC and UPMC Shadyside cards are not proximity cards.

University proximity cards are currently issued to individuals in BST3 and the Life Science Annex at Crawford-Langley-Clapp Halls.

For the Bridgeside Point irradiator, we will issue a new card. The proximity cards issued for the building entrance are not controlled by the University and are not compatible with the University system.

Fill out all information and sign. If you have a University ID card, note your “2P” number.

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.