

IRRADIATOR ACCESS APPLICATION

NOTICE

United States Nuclear Regulatory Commission (U.S. NRC) regulations have imposed increased controls on the unescorted access to, and use of, irradiator facilities. As a result of the regulations, the licensee, Massachusetts Institute of Technology (MIT), must monitor access to radioactive sources and establish the trustworthiness and reliability of persons seeking unescorted access to irradiator facilities. This includes a background check of educational and employment history, references, fingerprinting and an FBI criminal history review.

All persons requesting unescorted access to irradiators must complete the following requirements and submit all completed paperwork to the Radiation Protection Program (Robert Kirby) at:

MIT Environment Health and Safety Office
265 Massachusetts Ave
N52-496
Cambridge, MA 02139

REQUIREMENTS – FOR RPP USE ONLY

Completed applications will be reviewed in pursuant to Nuclear Regulatory Commission Guidelines, and when approved, unescorted access will be granted.

- Original** Faculty/Principal Investigator Acknowledgement/Signature
- Original** Applicant Information, References and Affirmation
- Original** Read, sign and date the attached Consent for Background Investigation.
- EHS00341w- Gammacell Irradiator Safety Training (web course)
Signature of trainer (filled by MIT RPP): _____ *Date:* _____
- Hands-on training that takes place at the designated facility followed by an exam at the end of the training session.
Signature of trainer (filled by MIT RPP): _____ *Date:* _____
- Attached Curriculum Vitae (CV)
- Original** CSI application for “Release and Authorization” of your educational and employment history
- Original** CSI International Applicant Data Form, Overseas Education and Employment History forms (*for international only*)
- Attached official identification document (e.g., driver’s license; passport; government-issued photo identification)
- FBI Fingerprinting** (*appointments for fingerprinting are made with the MIT Police Department. Please bring fingerprint cards to EHS RPP for processing after completion.*)

PRINCIPAL INVESTIGATOR ACKNOWLEDGEMENT

I, _____, request that _____,
[Print Faculty/Principal Investigator's Name] *[Print Researcher/User's Name]*

be authorized for **unescorted access/use** of the MIT irradiator facility in the below listed location(s) pending successful completion of the required EHS00341w: Gammacell Irradiator Safety Training, the hands-on training for that specific irradiator and other increased controls requirements.

Please check all irradiators for which access is requested:

- E17-608
 76-770C
 68-0022
 6-017

During the process to obtain unescorted access/approval to the irradiator facility (which may takes up to 4-5 weeks), you can use the facility with a qualified escort upon completing the required EHS00341w- Gammacell Irradiator Safety Training and the hands-on training for that specific irradiator.

The following person(s) from my lab who currently have “unescorted access privileges” will function as escorts:

Name:	Kerberos ID:
Name:	Kerberos ID:
Name:	Kerberos ID:

As principal investigator, I will function as his/her supervisor for the use of the irradiator facility as indicated in the conditions of approval on my irradiator registration. The applicant has demonstrated a need to use an irradiator for research and has demonstrated trustworthy and reliable behavior while being associated with my laboratory/research group.

Signature (In Ink):	Date:
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*Please note: The Nuclear Regulatory Commission (NRC) in the document entitled Implementing Guidance for Licensees that Possess Radioactive Materials in Quantities of Concern, defines “Reliable and Trustworthy” as: **An individual, who is considered consistently dependable in judgement, character, performance, and does not constitute an unreasonable risk to the public health and safety.***

APPLICANT INFORMATION AND AFFIRMATION

Applicant Information

Last	First			Middle
Name:				
Kerberos ID:			Email address:	
Department, Lab or Center (DLC):				Phone:

Professional references (REQUIRED)

A professional reference does not refer to family, friends, acquaintances, or any individual who resides in the individual's permanent household (in accordance with NRC regulations: 10 CFR 37.25 (a)(5))

Name:	Phone:
Address	
Email address:	Relationship:
Name:	Phone:
Address	
Email address:	Relationship:
Name:	Phone:
Address	
Email address:	Relationship:

Applicant Affirmation

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 information.

I _____ have completed the required training for use of the MIT irradiator facility.
 [Researcher/User's Name]

I agree to follow all of the required rules and regulations of the United States Nuclear Regulatory Commission, Massachusetts Radiation Control Program, and Massachusetts Institute of Technology (MIT) Radiation Protection Committee when accessing and/or using irradiator's facilities.

I fully understand the requirements and procedures established by Massachusetts Institute of Technology (MIT) including the proper use of the irradiators and the facility security requirements. These procedures include specifics about access controls and emergency response. I understand that my access privileges will be revoked if I do not follow the required procedures, in particular the security requirements including no unauthorized experiments, no escorting unauthorized individuals, and reporting any suspicious activities to the MIT Police and the MIT Radiation Protection Program.

In the event of an alarm condition, I will cooperate fully with the MIT Police.

Signature (In Ink):	Date:
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10 CFR PART 37 COMPLIANCE

CONSENT FOR BACKGROUND CHECK

[IMPORTANT – PLEASE READ CAREFULLY BEFORE SIGNING ACKNOWLEDGEMENT]

The above information is true to the best of my knowledge. I authorize and grant my consent to **Massachusetts Institute of Technology (MIT)**, to request the U.S. Nuclear Regulatory Commission (NRC), under Section 652 of the Energy Policy Act of 2005, to request criminal record information about me from the U.S. Attorney General, who will refer the request to the Federal Bureau of Investigation. I understand that the purpose of this information is solely to enable the company to determine my trustworthiness and reliability for unescorted access to a Category 2 or greater quantity of radioactive material as defined in the NRC’s regulations in Title 10 of the Code of Federal Regulations (10 CFR) Part 37, “Physical Protection of Category 1 and Category 2 Quantities of Radioactive Material.” I understand that Massachusetts Institute of Technology (MIT) must obtain my signed consent before any investigation or reinvestigation to determine my trustworthiness and reliability for such unescorted access.

I authorize and grant my consent to any authorized representative of Massachusetts Institute of Technology (MIT) who is conducting my background investigation or reinvestigation, as defined in 10 CFR 37.25, “Background Investigations,” to obtain any information related to my activities from individuals, schools, residential management agents, previous employers, criminal justice agencies, or other sources of information. This information may include, but is not limited to, my academic, residential, achievement, or performance information and information about my attendance, disciplinary, employment, and criminal history records.

I authorize the Federal Bureau of Investigation to disclose the record of my criminal history background investigation to my employer for the purpose of making a determination of my trustworthiness and reliability for unescorted access to a category 2 or greater quantity of radioactive material. I understand that before making any determination to deny me this unescorted access, Massachusetts Institute of Technology (MIT) will provide me a copy of the information on which it intends to base that determination. I further understand that before a final adverse determination, my employer must give me an opportunity to correct any inaccurate or incomplete information that is developed during the background investigation.

I understand that I may withdraw my consent at any time and that after I do withdraw my consent, under 10 CFR 37.23(c) of the NRC’s regulations, Massachusetts Institute of Technology (MIT) may not initiate any elements of the background investigation that were not in progress at the time that I withdrew my consent. I also understand that, under 10 CFR 37.23(c), the withdrawal of my consent for the background investigation is sufficient cause for denial or termination of any authorization for unescorted access. I understand that, for previous employers and other sources of information, separate specific releases may be needed and that I may be contacted for such releases at a later date. I authorize custodians of records and other sources of information pertaining to me to release such information upon request of the investigator or other duly authorized representative of the Massachusetts Institute of Technology (MIT) regardless of any previous agreement to the contrary. I understand that the information released by records custodians and other sources of information is solely for the purpose of making a determination about my trustworthiness and reliability for unescorted access to the radioactive materials subject to 10 CFR Part 37 and that this information may be disclosed only as authorized by State or Federal law.

I understand that photocopies of this authorization and consent document with my signature are valid and that this authorization will remain in effect as long as I am authorized to obtain unescorted access to the radioactive material subject to 10 CFR Part 37.

Signature (In Ink)	Date:
Full name (Print legibly)	
Other Names Used:	



Release & Authorization

I hereby authorize, without reservation, Creative Services, Inc. of 64 Pratt Street, Mansfield, MA 02048-1927, (800) 536-0093 or (508) 339-5451 and its agents to conduct a full investigation into my background and activities at any point after this authorization and, if hired, throughout my employment. Therefore, I hereby authorize the release of any and all information pertaining to me, documentary or otherwise, as requested by any appropriate employee, agent or representative of Creative Services, Inc. I understand that during this background investigation process and in accordance with the Fair Credit Reporting Act, a "consumer report," "consumer credit report," and/or "investigative consumer report" (consumer report) may be obtained concerning my character, general reputation, personal characteristics, and mode of living. The nature and scope of my investigation may include but is not limited to employment, credit, education, criminal, and driving history. I release all courts, probation departments, selective service boards, employers, educational institutions, banks, credit bureaus, financial and other institutions, law enforcement and local, state (including the Minnesota Bureau of Criminal Apprehension), and federal government agencies without exception, both foreign and domestic to furnish any and all background information (including, but not limited to, driving and/or motor vehicle records) requested by Creative Services, Inc. I understand that this information may be transmitted electronically and authorize such transmissions. I agree that a photocopy of this release shall be accepted with the same authority as the original. CSI's Privacy Policy can be found at <http://www.creativeservices.com/resource-center/privacy-policy> or obtained by request to the above address.

California, Minnesota, and Oklahoma applicants or employees only: Please check this box if you would like a copy of the consumer report if one is prepared on you?

If currently employed, may we contact your current employer? YES NO N/A

(LAST NAME) _____ **(FIRST NAME)** _____ **(MIDDLE NAME)** _____

List any other LAST NAMES that you have utilized during the previous 7 years or used when you received your GED, high school diploma or other degrees

Current Address: _____

City & State: _____ **Zip Code:** _____

Please list your last 3 employers: *(If you worked as a consultant, please list the consulting agency)*

(Name of Company)	(City, State)	(Title)	(Dates of Employment)	(Supervisor)	(Phone #)
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Please list any degrees received:

(Name of Educational Institution)	(City, State)	(Degree)	(Dates Attended)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Social Security No:* _____ **Date of Birth: *** _____

+I certify that the information provided in this form is true and accurate.

Signature: _____ **Date:** _____

** Social security numbers, dates of birth, and drivers' license numbers are requested to ensure accurate retrieval of records. They will not be considered by the employer in making employment decisions. This form will be filed separately from your employment application. Revision 09/08*