

### Irradiator Access Request Form

**Location of Irradiator Requested:** \_\_\_\_\_

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

*By signing this application I agree to follow all the required rules and requirements when accessing and/or using irradiators. I also agree to access and operate the irradiator only for approved activities and will not access or use this device in any unauthorized manner.*

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

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

Please provide a brief description of the protocol/procedure which requires access to the irradiator. If this is an IACUC protocol, please provide the protocol number. If you need access for non-research purposes, please describe your role/responsibilities.

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*I reviewed the applicant's request for irradiator access and confirm their need to use this device. I have no information that would indicate that access to the device requested should not be approved.*

\_\_\_\_\_  
Signature of Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Phone Number

**Interoffice use only. Do not fill out form below this line.**

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The above individual has met the required elements to be deemed trustworthy and reliable.

\_\_\_\_\_  
Reviewing Official signature

\_\_\_\_\_  
Date