

## Irradiator Access Request Form

This form must be completed by all individuals requesting access to an irradiator.

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

Name:	Job Title:
Department:	Phone #
Penn ID #	Black Key #
Budget Code:	
<i>In order to recover our costs a fee will be charged for these background checks.</i>	
<i>By signing this application I attest that all the information I have provided is true and complete. 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.</i>	
Signature of Applicant:	Date

*I reviewed the applicant's request for irradiator access and confirm their need to use this device.*

*I have reviewed their employment history and believe that this individual is trustworthy and reliable. 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

**Submit completed request forms to EHRS by fax at 215-898-0140 or as an email attachment to amahoney@upenn.edu**

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

_____ EHRS signature	_____ Date
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**Section 4: Personal References (No relatives please)**

Name:
Phone:
Email:

Name:
Phone:
Email:

**Certiphi Screening, Inc. (a Vertical Screen Company) 1105 Industrial Highway, Southampton, PA 18966**

**Authorization and Instructions for Issuance of Consumer Report**

I hereby authorize and instruct Certiphi Screening, Inc. (a Vertical Screen Company) (hereinafter, "Certiphi") to procure a consumer report on me containing the following information:

- 1. Education history
- 2. Employment history
- 3. Social Security number verification
- 4. Professional license verification
- 5. State/federal program exclusion (OIG)
- 6. Address verification

Copies of the report(s) shall be provided to me and the University of Pennsylvania Department of Environmental Health and Radiation Safety. I understand that the purpose of procuring such report is for the University's use in connection with my application for irradiator access. I have been given a written summary of my rights under the Fair Credit Reporting Act, and I understand that in the event the University uses any information contained in the consumer report in any adverse decision, before making such decision I will be so advised and provided with another copy of the report as well as a second written summary of my rights under the Fair Credit Reporting Act.

By signing below I also am authorizing all entities having information about me and consulted for the purpose of preparing this report, including but not limited to present and former employers, schools, and references, to release such information to:

Certiphi Screening, Inc.  
P.O. Box 130  
Southampton, PA 18966

This release and authorization shall remain valid and in effect during the period in which I am employed at the University.

\_\_\_\_\_ **Date Authorized Signature**

Full Name: \_\_\_\_\_  
**(PRINT LEGIBLY)**

\* Please list other names or aliases including maiden names: \_\_\_\_\_

Date of Birth \_\_\_\_\_ \*Social Security #: \_\_\_\_\_

Current Residence:

\_\_\_\_\_  
Street Address City State Zip

**\* Required for background investigation purposes only and will be used for no other purposes**