

Irradiator Access Request Form

Environmental Health and Radiation Safety, 3160 Chestnut St., Suite 400, Philadelphia, PA 19104-6287
Tel: 215-898-4453 | www.ehrs.upenn.edu

This form must be completed by all individuals requesting access to an irradiator. Please print and complete this form with your supervisor.

Location of Irradiator Requested _____

Name:	Job Title:
Department:	Phone #
<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

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

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

EHRS signature

Date