Application to Access Gamma Irradiator

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| **External Applicant Name:**  (First, M.I, Last) | **Place of Employment:** | **Position/Title:** | **Employee ID:** |
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| **Applicant Phone number:** | **Applicant E-mail:** | **Date of Irradiator Safety and Usage Training:** | **Location of Training:** |
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| **WVU Sponsor Name:** |  |  |  |

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| **Sponsor Department:** | **Sponsor Phone number:** | **Sponsor E-mail:** | **Sponsor Employee ID:** |
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Estimate Usage of Irradiator:

Purpose of the Usage of Irradiator:

**I understand that use of irradiator must be in compliance with requirements and conditions of NRC rules and regulations and WVU Radiation Safety policy and Procedures. I will follow the established policies and procedures.**

**Signature of Applicant: Date:**

**I attest that the individual named in this application has been trained to ensure proper use of the irradiator**

**Sponsor’s Signature: Date:**