

Certification for Unescorted Access to the Radiological Science and Engineering Laboratory

To request access, complete the top portion and send to ors@ors.gatech.edu or deliver to Office of Radiological Safety, Boggs 3-76.

Full Name _____ **Department:** _____

E-mail: _____ **Phone Number:** _____

Reason for Unescorted Access: _____

Requested By: _____ **Date:** _____
Faculty/Staff Requestor

Certification of Completion of Radiation Safety and Access Training

I acknowledge that I have been informed of the presence and hazards of radiation and radioactive materials in the Radiological Science and Engineering Laboratory and the applicable policies and procedures.

I agree to follow all applicable procedures and guidelines.

Signed: _____ **Date:** _____

Verified By: _____ **Date:** _____
Office of Radiological Safety

Approved By: _____ **Date:** _____
Radiation Safety Officer

Authorized By: _____ **Date:** _____
Director of the RSEL