**AUTHORIZATION FOR ENTRY TO RADIATION LEVEL 2 RESTRICTED AREAS AND/OR AREAS WITH PRESCRIBED NUCLEAR MATERIALS AND INFORMATION FORM**

**LOCATION** (PLEASE SELECT REQUESTED LOCATIONS FOR ACCESS):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **ERC B058** | **ERC B056** | **ERC B032** | **ERC B033** | **ERC B050 Corridor** |

The rooms listed above are classified as restricted spaces under the Ontario Tech Nuclear Security Plan. Unsupervised access to these rooms is granted only to those persons who have received appropriate training and who have received a security clearance. Note that for ERC B058 and B033, and prescribed information access: a personnel reliability and verification check, key card, and biometry is required for access.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Person Requesting Access** | | | | | | |
| **Name:** | Click or tap here to enter text. | | **Title/Position:** | | | Click or tap here to enter text. |
| **Banner ID:** | | Click or tap here to enter text. | | **Term:** | Continuing Full-Time Employee  Term Employee / Student | |
| **Reason for Access:** Click or tap here to enter text. | | | | | | |
| **PLEASE ENSURE PERIOD OF ACTIVATION IS FILLED OUT**  **ON THE ACCESS CARD REQUEST FORM**  NOTE: If no end date is specified access will terminate one year from the start date unless renewed. | | | | | | |
| **I request access to the room(s) identified above and/or prescribed nuclear materials and information. By signing I agree to comply with The Ontario Tech radiation safety and security policies and procedures in accordance to regulatory requirements. I understand that non-compliance on my part may lead to suspension or termination of my access privileges without warning. I also give permission for the CNSC licensee (Ontario Tech University) to conduct the necessary investigations for security screening purposes.** | | | | | | |
| **Person Requesting Access Signature** | | | | Click or tap to enter a date.  **Date (mm/dd/yy)** | | |
| **Faculty Authorization for Graduate Students and other Researchers** | | | | | | |
| **A member of the university faculty who is authorized to enter the selected room(s) above and/or prescribed nuclear materials and information must sponsor graduate students or other researchers. The Dean of the Faculty of Engineering and Applied Science must authorize faculty members and university staff who do not report to a university faculty member authorized to enter the room.** | | | | | | |
| **Faculty Authorization Signature** | | | | Click or tap to enter a date.  **Date (mm/dd/yy)** | | |
| Click or tap here to enter text.  **Faculty Authorization Name** | | | | Click or tap here to enter text.  **Faculty Authorization Title** | | |
| **Radiation Safety Officer Authorization** | | | | | | |
| **Radiation Safety Training Completed Within the Last 3 Years?** | | | | | **Yes  No** | |
| **Nuclear Energy Worker Classification?** | | | | | **Yes  No** | |
| **Dosimetry Badge Required?** | | | | | **Yes  No** | |
| **Personal Reliability and Verification Check Required?** | | | | | **Yes  No** | |
| **Nuclear Security Awareness Training Required?** | | | | | **Yes  No** | |
| **If Yes, what Approval Classification:** | | | | | **A  B  X** | |
| **Biometry Required?** | | | | | **Yes  No** | |
| **Radiation Safety Officer Signature** | | | | Click or tap to enter a date.  **Date**  Click or tap here to enter text.  **Radiation Safety Officer Name** | | |

**Note: This form is not valid without an Access Card Request Form.**

**the process must be verified at least every 5 years.**

**Process:**

**Person Requesting Access:**

1. downloads form from Radiation Safety Website and Main Access Request Form from OCIS Website
2. fills out forms and obtains faculty authorization signature
3. submits forms to Radiation Safety Officer’s (RSO): [radbio@ontariotechu.ca](mailto:radbio@ontariotechu.ca)

**Radiation Safety Officer:**

1. assesses the forms and determines access requirements
2. directs and assists Person Requesting Access to ensure access requirements are completed
3. signs off on the form once access requirements are met
4. forwards the completed forms to OCIS at: [OCISBuildingOps@ontariotechu.ca](mailto:OCISBuildingOps@ontariotechu.ca) (cc: faculty administration, Person Requesting Access)
5. communicates biometry request with OCIS, if required

**OCIS:**

1. reviews form and communicates any concerns to RSO
2. authorizes activation of key card to selected locations upon satisfaction of completed form
3. receives request from RSO to arrange a biometry scan, if required
4. meets with Person Requesting Access to complete biometry scan

* Classification “A” denotes full clearance, no restrictions,
* Classification “B” denotes acceptable entry with an escort at all times. The escort must hold an “A” Classification clearance.
* Classification “X” denotes the individual is denied access and is restricted from entering ERC B058.