Print Form

Advanced Technology Research Facility (ATRF)
Electron Microscope Users Application Form
(*Do Not Hand Write This Form*)

Privacy Act Notification: Collection of this information is authorized by the Code of Maryland Regulations 26.12.01.01, by the Maryland Department of the Environment Radioactive Materials License granted to the OTS Contractor at the Advanced Technology Research Facility, ATRF. Providing your social security number is voluntary. However, failure to report it may result in your not being permitted to work in areas using radioactive materials. The information is used to track your radiation exposure, use of radioactive materials, and training in radiation safety. Additional disclosures of the information may be made: to Federal and/or State agencies responsible for licenses, inspections or oversight governing the use of radioactive materials or to ensure that safe and healthful work conditions are maintained for employees; to contractors for performance of a task in accordance with the purpose for which the records were collected; to individuals associated with the ATRF in the performance of their duties associated with the Facility Radiation Safety Office; to the Department of Justice or to a court for litigation purposes when Health and Human Services (HHS) determines that the litigation is likely to affect HHS or any of its components; for an appropriate research purpose as noted in the system notice; and radiation exposure and/or training and experience history may be transferred to a new employer.

TO: Radiation Safety Office

DATE: _____

RADIATION PROGRAM NUMBER: _____

Please amend the following applicant to use the electron microscopes(s) under the Radiation Program listed above.

New Applicant: _____ _____
(*First*) (*Middle*) (*Last*) (*Employee No.*)

Birth Date: _____ **Present Position (Title):** _____

Location (Building/Room): _____

Employer: **Government** ☐ **SAIC-F** ☐ **Other** ☐

Have you ever worked with radioactive materials before? (Either at the ATRF or another facility): **YES** ☐ **NO** ☐

I will abide by the operations and emergency procedures for this equipment.

_____ _____
(*Applicant's Signature*) (*Date*)

This person has received training on the operations and emergency procedures for this equipment.

_____ _____
(*Principal Investigator's Signature*) (*Date*)

***PROOF OF TRAINING COMPLETION (COPY OF SIGNATURE SHEET) MUST BE PROVIDED WITH THIS FORM.**

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New Applicant: _____ _____

(*First*) (*Middle*) (*Last*) (*Employee No.*)

Social Security Number: _____

_____ _____

(*Applicant's Signature*) (*Date*)

(*This page will be destroyed upon completion of the approval process.*)