



# AUGUSTA UNIVERSITY

## 10 YEAR REINVESTIGATION FOR TRUSTWORTHINESS AND RELIABILITY DETERMINATION

FROM: \_\_\_\_\_(Supervisor and Organization)

THRU: Philip Maguire, Radiation Safety Office, CI-1002

THRU: Dena Pickett, Reviewing Official, Human Resources

THRU: Philip Young, MS, CHP, Radiation Safety Officer, CI-1002

TO: Radiation Safety Committee

DATE: \_\_\_\_\_

### **Supervisor**

In accordance with the USNRC rule 10CFR37, *Physical Protection of Category 1 and Category 2 Quantities of Radioactive Material*, I request a Trustworthy and Reliable determination for the employee named below for the purpose of accessing radioactive sources of national security concern.

Employee name: \_\_\_\_\_

for unescorted access to the  CN Irradiator  CB Irradiator  Gamma Knife  Blood Irradiator

I am not aware of any adverse information that would preclude a determination of trustworthiness and reliability for the above named employee. I will notify the Radiation Safety Officer when the employee is no longer under my supervision.

Two personal references are attached for review by the T&R official (I used the forms provided with this application).

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### **Employee's Consent to Background Investigation**

I consent to a background investigation addressing employment history, education verification, personal references, fingerprints, FBI identification and criminal history records check as part of the Trustworthiness and Reliability approval process. I understand that I may withdraw my consent at any time. If I withdraw my consent the institution will terminate the background investigation. I understand that termination of the investigation will preclude me from obtaining unrestricted access to radioactive sources of national security concern.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### **Reviewing Official**

The verifications listed above have been made. Based on the above verifications I approve the above named employee for unescorted access to radiation sources in "quantities of concern."

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### **Radiation Safety Officer**

Based on all available information, I approve the above named employee for unescorted access to radiation sources in "quantities of concern."

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



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## PERSONAL REFERENCE FORM FOR TRUSTWORTHINESS AND RELIABILITY

Augusta University (AU) and AU Medical Center (AUMC) have a strong commitment to providing an environment to foster growth in the health sciences. Researchers and clinicians who plan to use certain radioactive materials at AU or AUMC must meet strict trustworthiness and reliability criteria established by the US Nuclear Regulatory Commission.

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*This section to be completed by supervisor:*

Our employee \_\_\_\_\_ requests that you provide a personal reference as part of his/her trustworthiness and reliability determination. Please complete this form and return it to the employee's supervisor at your earliest convenience:

\_\_\_\_\_ (Employee's Supervisor)

\_\_\_\_\_ (Building/Office Number)

Augusta University  
1120 15<sup>th</sup> Street  
Augusta, GA 30912

Or fax the form to the following number: \_\_\_\_\_

Thank you for your assistance in this important matter.

\_\_\_\_\_ (Supervisor's Signature)

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*This section to be completed by personal reference:*

<u>QUESTION</u>	<u>YOUR RESPONSE</u>
Approximately how long have you known this individual?	
In what capacity do you know this individual (co-worker, supervisor, subordinate, personal colleague, friend, other)?	
Do you find this person to be trustworthy and reliable in order to be granted access to sensitive information and/or materials?	<b>PLEASE CIRCLE ONE BELOW: YES or NO</b>
Is there any additional information you would care to share with us?	
<b>Printed Name:</b>	<b>Your phone number:</b>
<b>Your Signature and Date:</b>	



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