

HFIR Access Request Form
1. Name (PRINT) _____
2. Signature _____
3. Badge # _____
4. Phone # _____
5. Division or <u>Sponsor</u> _____
6. Reason for Access _____
7. <u>Sponsor</u> Signature/Badge# _____
8. HFIR RRD Executive Steering Committee Approval ¹ Signature/Date _____
9. Instructor Signature: _____ Tour Date: _____ Examination Date: _____ Access Granted Through: _____

Instructions: Items 1 through 7 must be completed by employee and sponsor. Access shall not be granted until form is complete. Instructor shall be responsible for validation of item 7 and completion of items 8 and 9. Form may be mailed or hand-carried to RRD Training, Building 7917, MS 6399, Room 204.

Note1: Item 8 shall be signed by the RRD Director for personnel requesting reinstatement of revoked access.