Case Western Reserve University


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I. Purpose

The purpose of this program is to ensure the protection of all employees from the hazards that could prevail from an intrusion to an irradiator through the proper use of security designs and controls. Following the recommendations set forth by the Ohio Department of Health.

II. Responsibilities

A. Case Western Reserve University (CWRU)

Case Western Reserve University shall provide the security controls such as entry detection and card access when such equipment is necessary to protect the health and safety of CWRU employees. The University will be responsible for the establishment of the Irradiator Security Program in accordance with The State of Ohio, Department of Health; Bureau of Radiation Protection, Rules 3701:1-38-17, 3701:1-40-16(C) of the Administrative Code, 3748.05(B)(5) of the Revised Code and the International Atomic Energy Agency’s Code of Conduct on the Safety and Security of Radioactive Sources.

B. Environmental Health and Safety (EHS)

Environmental Health and Safety at CWRU will be responsible for the implementation, review and enforcement of the Irradiator Security Program. EHS will continue the auditing of the source and equipment will ensure all documentation is maintained and current. EHS will, in cooperation with Protective Services, conduct emergency response drills on a reoccurring basis.

C. Department of Protective Services (LLEA)

The Department of Protective Services at CWRU is a registered local law enforcement agency. The department’s personnel have the authority to arrest, conduct formal interviews and investigations. All security alarms or notifications will route through the Dispatch operations within this department.

D. Irradiator Manager

The Irradiator manager will be responsible for the direct communication and dispersion of authorization forms. The manager will ensure the entries are recorded and that all non-authorized entrants are accompanied at all times. After authorization and Radiation Safety approval, training for the proper operation of the irradiator will be conducted by the laboratory manager.

E. Radiation Safety Committee

The Radiation Safety Committee will address any discrepancies that may arise during the process from application through authorization.
III. Areas of Concern

A. Biomedical Research Building (BRB) room # 350
B. Wolstein Research Building (Wolstein) room # SB104
C. Animal Resource Center (ARC) room # RB21L-2

The areas of concern listed above and any locations that may be deemed “sensitive” or added by the Ohio Department of Health will be inspected by a qualified staff member from Environmental Health and Safety. Surveys will remain on file in the Environmental Health and Safety office and shall be made available upon request during normal business hours or immediately under emergency situations.

IV. Response Capabilities

A. EHS - Radiation Safety (RSOF)

Due to the heightened security measures necessary for the program EHS shall be the lead response agency for these areas. The Radiation Safety Officer (RSO) or the Assistant Radiation Safety Officer (ARSO) will be the primary contact and will make all Department of Health notifications. All additional outside resources will be summoned with the discretion of the RSO, ARSO or its designee.

B. CWRU Protective Services

CWRU Protective Services will be the initial contact when a response is needed or breech has been suspected. A representative from CWRU Protective Services shall be permitted to enter with an escort. Immediate notification to EHS and a coordinated joint response is required. All suspected theft of entry will be investigated and reported by a member from Protective Service staff whose designated duty is detective. All subsequent reports generated other than internal to Protective Services will be filed with EHS.

C. Case Western Reserve Police

Case Western Reserve Police must be notified when a breech is confirmed or an intruder is found to be present. Entry will be granted with an escort unless under extreme life safety responses that will not put the responder in danger of exposure or contaminate or expose CWRU Personnel or property. All reports will be released to EHS upon request.

V. Response Notification(s)

A. Dispatch Alert(s)

Dispatch may be alerted several ways; an alert may come from a call in or a computer generated alert stemming from a forced door, propped door, cut wires to the magnetic
lock system, or multiple motion sensor trips. All alarms must be responded to at the highest priority, summoning mutual aid from EHS.

B. Telephone Notification(s)

An assessment shall be made when receiving a telephone notification. Several routine questions shall determine the level of response needed as described within CWRU Protective Services manual. In the event of theft of the radioactive source material, a call must be made to NRC operations at 301-816-5100 or to the Ohio Department of Health at 614-644-2727.

C. Radio Notification(s)

Radio notification may result in facility personnel, Safety personnel, or Security personnel discovering an adverse situation or when responding the situation escalates. Dispatch will monitor radio communications and summon outside resources when necessary.

D. Loss of Power

Information will be communicated to the department as to the cause of the power failure and whether a decision to evacuate has been made. Await instructions from Security or Maintenance personnel. Do not leave the department without instructions. If Evacuation is necessary, use designated emergency exits, DO NOT use the elevator. Security will perform a room to room check to make sure all personnel are evacuated.

All alarms and security systems are on a battery backup if there is a loss of power due to a power outage or if the wires to the alarms and security systems are cut. All buildings containing radioactive materials of concern have backup generators in the event of a power outage.

VI. Program Documents

A. Unauthorized Access
Case Western Reserve University
Unauthorized Access Form

Name: ____________________________________________________________

Date of attempted access: __________________ Current Date: __________________

Area in question (circle one):
BRB350  WRB SB104  ARC RB21L-2

Person’s immediate supervisor or PI: ______________________________________

______________________________________________________________

______________________________________________________________

Follow up recommendations: _________________________________________

______________________________________________________________

______________________________________________________________

Preparer’s name: __________________________________ Date: _________________

Preparer’s signature: ____________________________________________

Radiation Safety Officer/Assistant Radiation Safety Officer

Name: __________________________________ Date: __________________

Signature: ________________________________________________________
B. Corrective Action Form
Case Western Reserve University
Corrective Action Form

Name:______________________________________________________________

Title:______________________________________________________________

Reasons for Corrective Action:

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Estimated Completion Date:___________________________________________

Approvals

Radiation Safety Officer/Assistant Radiation Safety Officer
Name (print):________________________________________________________ Date:________
Signature:________________________________________________________________

Principal Investigator
Name (print):________________________________________________________ Date:________
Signature:________________________________________________________________

Legal or Other (if needed)
Name (print):________________________________________________________ Date:________
Signature:________________________________________________________________
C. Response Drill Evaluation Form
Emergency Response Drill Evaluation

Area: ____________________________________________________________

Evaluator: _______________________________________________________

Witness(s): ______________________________________________________

Score: __________

Comments: ______________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

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Attach Competencies
D. Emergency Response Drill Competencies
Emergency Response Drill Competency Form

Alarm notification initiated (time): ________________________________

Dispatch confirms alarm and officer dispatched to location (time): ____________________

Dispatch notification to DOES for mutual aid response (time): _______________________

Comments or noted correspondences between officer, dispatch, and Safety: ________________
.................................................................................................................................
.................................................................................................................................
.................................................................................................................................

Officer time of arrival: ____________________________

Safety time of arrival: ____________________________

Dispatch notified of drill and logged (time): _______________________

Officer comments or recommendations: _________________________________________
.................................................................................................................................
.................................................................................................................................
.................................................................................................................................

Safety comments or recommendations: ____________________________________________
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.................................................................................................................................
.................................................................................................................................

Assessment team names: _________________________________________________________
.................................................................................................................................
.................................................................................................................................
.................................................................................................................................

Remit a copy of this form to RSO, ARSO, and Assoc. Director Department of Public Safety.
368-2236 (Safety) and 368-0675 (Department of Public Safety)
E. New User Protocol

(Intentionally left blank)
Protocol for Irradiator Use

The ODH has implemented increased security requirements for all individuals that wish to use any of the irradiators on the CWRU campus. Part of this requirement will involve employment history checks and/or reference checks as well as fingerprinting for any individual that has unescorted access to the irradiator. The protocol is as follows:

A letter/e-mail to the Irradiator Program Manager indicating that they wish to use the irradiator.

The individual will be asked to come to the Irradiator Manager and pick up a packet that will contain the following:

A. Irradiator Checklist
B. Consent form
C. Sterling form
D. Fingerprint packet (Form FD-258)

The Irradiator Manager will inform the individual that they need to schedule an appointment with Dan Schemmel (368-5993) at the Security Office on the Northside of Campus to get their fingerprints taken.

The Consent form and the Sterling form will be filled out by the employee and given to Human Resources. A copy of the Consent form should be kept by the employee and given to Radiation Safety along with the Irradiator checklist which will have sign-offs on all required training by DOES and the Irradiator Manager. The charge for the FBI background check is $46 and will be billed back to the department.

The results of the FBI and Human Resource background check will be sent to Human Resources, who will determine if the individual is deemed trustworthy and reliable. The Radiation safety office will make a final determination to grant access based on the results of the background checks.

When all of the required training as well as the background check and fingerprinting results have been completed, the Irradiator Safety Program Manager will then notify the Irradiator Manager, who will then schedule the site-specific training session on the irradiator.

Once the site-specific training has been completed, the Irradiator Manager will notify the Irradiator Safety Program Manager who will then initiate key access to the irradiator through Access Services. The irradiator manager and the employee will be notified when an individual is granted access.

It will be the responsibility of the AU to inform the Assistant RSO, Irradiator Safety Program Manager and/or Irradiator Program Manager when the individual has either transferred to another lab or has left CWRU so that updates can be made in terms of irradiator access privileges.
F. Background Check Consent Form (student/employee)

(Intentionally left blank)
Authorization to Conduct Background Checks and Verifications of Records Regarding Access to Radioactive Materials of Concern

I understand that, as an individual whose job duties require me or will require me to have unescorted access to radioactive materials or devices, Case Western Reserve University ("the University") is required by the Ohio Department of Health ("ODH") to determine my trustworthiness and reliability to have unescorted access to radioactive materials or devices.

I understand that to make this determination, the University may verify my employment history with the University and with former employers, my educational history, and my personal references and may obtain independent information to corroborate information provided by me about my prior employment and educational history. I understand the University will conduct a criminal background and fingerprint check of all individuals with unescorted access to radioactive materials and devices.

I authorize the University, its agents and representatives to conduct background checks into the records of law enforcement agencies for records of criminal convictions. I further authorize the University to conduct background checks of oral or written information concerning my employment history at the University or other employers, my educational history, personal references, or other information related to my trustworthiness or reliability to have unescorted access to radioactive materials.

I authorize all educational institutions maintaining educational records concerning me to release and disclose to Case Western Reserve University all any oral or written information contained in my transcripts or other educational records maintained by those institutions.

I further acknowledge and understand that any information obtained by the University in conducting its background checks and verifications will be considered in the determination of whether or not to provide unescorted access to radioactive materials. Prior to any final determination, the Licensee shall make available to the individual the contents of any criminal records obtained from the FBI for the purpose of assuring correct and complete information. If the individual believes that the record is incorrect or incomplete, it may initiate challenge procedures with the appropriate law enforcement agency.

I understand the above information and agree to authorize the University to conduct the investigations and reviews described above.

Name - Printed ___________________________ Employee/Student ID Number ___________________________

Department ___________________________ PI ___________________________

Speed Type Number ___________________________

Signature ___________________________ Date ___________________________
G. Sterling Form

(Intentionally left blank)
CONSENT AND DISCLOSURE

DATE__________________________
LOCATION________________________

I understand that Case Western Reserve University “CWRU” will utilize the services of STERLING TESTING SYSTEMS, INC., 249 West 17th Street, New York, NY 10011, as part of the procedure for processing my application for employment. I also understand that if my application for employment is granted, CWRU may obtain further information through subsequent investigations by STERLING TESTING SYSTEMS, INC so as to update, renew or extend my employment, to the extent permitted by law.

I understand a consumer reporting agency’s investigation may include obtaining information regarding bankruptcies covering up to the last ten (10) years, obtaining information regarding civil suits, civil judgments, arrest records, and paid tax liens covering up to the last seven (7) years, obtaining information regarding any other adverse item of information covering up to the last seven (7) years and obtaining information regarding references and educational and employment verifications without any time limitations, subject to any limitations or exceptions applicable under state and federal law. The investigation also may include obtaining information relating to criminal convictions without any time limitations, subject to state law.

In the event an investigative consumer report is conducted, I understand such information may be obtained by personal interviews with my acquaintances or associates or with others whom I am acquainted or who may have knowledge concerning my character, general reputation, personal characteristics or standard of living. I understand such information may also be obtained through direct or indirect contact with former employers, schools, financial institutions, landlords and public agencies or other persons who may have such knowledge.

I understand that I have the right to receive notice about the nature and scope of any investigative consumer report requested within five days after the Company receives my request or five days after the investigative consumer report was requested, whichever is later.

☐ By checking the box, I indicate that I wish to receive further disclosure about the nature and scope of any Company request for an investigative consumer report.

I acknowledge that I have received the attached summary of my rights under the Fair Credit Reporting Act.

I also understand that before I am denied employment based, in whole or part, on information obtained in the consumer report and/or investigative consumer report, I will be provided a copy of the report and a description in writing of my rights under the Fair Credit Reporting Act. I understand if I disagree with the accuracy of any information in the report, I must notify CWRU within five business days of my receipt of the report that I am challenging the accuracy of the information contained in this report with STERLING TESTING SYSTEMS, INC. and advise CWRU as to the basis of my challenge.

In exchange for CWRU’s consideration of my employment application, I agree not to file or pursue any complaints, claims or legal actions of any kind against STERLING TESTING SYSTEMS, INC. for providing the aforementioned information. I also agree not to file or pursue any complaints, claims or legal actions against CWRU or any of its employees, representatives, or agents arising out of or in any way related to conducting a background investigation.

I am consenting that a photocopy of this authorization be accepted with the same authority as the original, and I specifically waive any written notice from any entity which may provide information based on this authorized request.

I hereby consent to this investigation and authorize CWRU to procure a consumer report and/or investigative consumer report on my background as stated above from STERLING TESTING SYSTEMS, INC. in order to verify my identity for purposes of the background investigation I am voluntarily releasing my date of birth, social security and the other information below for my own benefit and fully understand that all employment decisions are based on legitimate non-discriminatory reasons.

First Name __________________________ Date of Birth (MM/DD/YYYY) __________________________
Last Name __________________________ Middle Name/Initial __________________________
Other Names Known By __________________________ Male Female __________________________
Current Address __________________________ #yrs at this address __________________________
City __________________________ State __________________________ Zip Code __________________________
Previous Address __________________________ #yrs at this address __________________________
City __________________________ State __________________________ Zip Code __________________________
Driver's License No. __________________________ State __________________________ Social Security No. __________________________

__________________________________________
Signature

Minneapolis & Oklahoma applicants Only: I have the right to request a copy of the consumer report obtained by CWRU from Sterling Testing Systems, Inc. by checking the box below. Sterling Testing Systems, Inc. will mail the consumer report.
directly to me. Minnesota Applicants Only: I have the right to make a written request to the consumer reporting agency to provide me with a complete and accurate disclosure of the nature and scope of any consumer report obtained by CWRU from Sterling Testing Systems, Inc.

☐ I wish to receive a copy of the consumer report. (Check box only if you wish to receive a copy)
H. Irradiator Access Training Form

(Intentionally left blank)
IRRADIATOR ACCESS AND TRAINING FORM

Irradiator access to:   ____BRB 350   ____RB 21L-2 (ARC)   ____WRB SB104

Employee Name: ___________________________  Employee ID#: ___________________________
Email Address: _____________________________  Work Number: _____________________________
Employee Signature: ___________________________  Date of Request: ___________________________
Supervisor Signature: ___________________________

To obtain key entry authorization present a copy of this completed Access and Training Form to the Irradiator Program Manager in the Radiation Safety Office located in the Service Building.

<table>
<thead>
<tr>
<th>Training</th>
<th>Trainer</th>
<th>Completion Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Radiation Safety New Lab Worker Training</td>
<td>DOES</td>
<td></td>
</tr>
<tr>
<td>Lab Standard Training</td>
<td>DOES</td>
<td></td>
</tr>
<tr>
<td>Fingerprinting</td>
<td>Protective Services</td>
<td></td>
</tr>
<tr>
<td>Background check completed</td>
<td>Human Resources</td>
<td></td>
</tr>
<tr>
<td>(Copy retained)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Irradiator Site-Specific Training BRB 350</td>
<td>Irradiator Manager</td>
<td></td>
</tr>
<tr>
<td>Irradiator Site-Specific Training RB 21L-2</td>
<td>Irradiator Manager</td>
<td></td>
</tr>
<tr>
<td>Irradiator Site-Specific Training WRB SB 104</td>
<td>Irradiator Manager</td>
<td></td>
</tr>
<tr>
<td>EHS Approval/Card Access Granted</td>
<td>Irradiator Program Manager</td>
<td></td>
</tr>
<tr>
<td>Termination/Resignation Date</td>
<td>Authorized User</td>
<td></td>
</tr>
<tr>
<td>Key Access Terminated</td>
<td>EHS</td>
<td></td>
</tr>
</tbody>
</table>

This individual is granted unescorted access and was found to be trustworthy and reliable by the Radiation Safety Officer, W. David Sedwick, PhD or his approved designee and / or does not constitute an unreasonable risk for unauthorized use of radioactive materials in quantities of concern. The basis of this approval was a Human Resources Background Check, completion of required training, and required Federal Bureau of Investigation Clearance and Fingerprinting as verified on this checklist kept on file for individuals using these irradiation sources.

W. David Sedwick, PhD, RSO  Date  Irradiator Safety Program Manager  Date
I. Physical Protection of Information
Physical Protection of information regarding CWRU Irradiators

Regulatory Reference: 3701:1-38-17

IC-6 (b)(1)

Access to licensee-sensitive information is limited to the RSO, ARSO, Operational Supervisor, Irradiator Manager, Irradiator Program Manager, and the T&R Official. All of the above individuals are required to have completed a background check conducted by the CWRU Human Resources Department. Any other individuals that wish to access this information will be required to undergo a background check.

IC-6 (b)(2)

All paper documentation regarding the irradiators is placed in a locked cabinet in the CWRU Radiation Safety Office. All results of FBI fingerprinting will be kept in a locked cabinet in Human Resources. The use and transmission of this information is restricted to the individuals listed under IC6 (b)(1).

IC-6 (b)(3)

Any transmitted e-mails from CWRU regarding the irradiators will contain the following statement:

The enclosed information is STRICTLY CONFIDENTIAL and is intended for the use of the addressee only. Case Western Reserve University disclaims any responsibility for unauthorized disclosure of this information to anyone other than the addressee.

IC6 (b)(4)

All paper records regarding the irradiators are secured in a locked cabinet in the Radiation Safety Office.

IC6 (b)(5)(6)

All paper documents containing sensitive information will be shredded. All computer records are placed on a portable hard drive not connected to the internet. This computer has 3 levels of security protection.

IC7 (b)(7)

All paper records will be shredded when removed from the sensitive information category. These records include:

Employee background check records: kept for 3 years after termination of employment and archived

List of approved irradiator users: kept for 3 years after revision and archived

Transport carrier documents and shipping documents: kept for 3 years and archived

If inventory reduced or license amended to reduce possession limits below the quantity of concern, licensee shall retain documentation required by these increased controls for 3 years and then archived.
J. Employment Review Matrix

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EMPLOYMENT REVIEW MATRIX

<table>
<thead>
<tr>
<th>Area to be reviewed</th>
<th>Faculty (&gt; 3 yrs)</th>
<th>Faculty (&lt;3 yrs)</th>
<th>Staff (&gt;3 yrs)</th>
<th>Staff (&lt;3 yrs)</th>
<th>Foreign students/staff (&gt;3 yrs)</th>
<th>Foreign students/staff (&lt; 3 yrs)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employment/Education</td>
<td>MS</td>
<td>MS</td>
<td>HR</td>
<td>HR</td>
<td>FFS</td>
<td>FFS</td>
</tr>
<tr>
<td>Research fraud</td>
<td>MS</td>
<td>MS</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Theft (criminal)</td>
<td>MS (?)</td>
<td>MS</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Misconduct</td>
<td>MS</td>
<td>MS</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Radiation Safety Compliance Issues</td>
<td>RSOF</td>
<td>RSOF</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Solicited References</td>
<td>MS</td>
<td>HR</td>
<td></td>
<td></td>
<td>FFS</td>
<td></td>
</tr>
<tr>
<td>Unsolicited References</td>
<td>MS</td>
<td>HR</td>
<td></td>
<td></td>
<td>FFS</td>
<td></td>
</tr>
</tbody>
</table>

**ABBREVIATIONS:**

HR- HUMAN RESOURCES

MS- MEDICAL SCHOOL (DEAN'S OFFICE)

RSOF- RADIATION SAFETY OFFICE

FFS- FOREIGN FACULTY AND SCHOOL
K. Security Drill Protocol
Representatives from the Environmental Health and Safety (EHS) and Police and Security Services conduct unannounced quarterly tests of the security systems protecting the irradiator facilities. These tests include simulating propped door and forced door conditions which cause an alarm to sound in the central police dispatch, as well as covering a camera monitoring the area. The alarm response is monitored against established response protocol.

Noted are:

- Time that it takes the dispatcher to call an officer to respond
- How the call is described to the officer responding
- Time it takes for the officer to arrive
- Officer actions upon arrival
- When EHS personnel are notified
- How the call is described to EHS personnel
- Time it takes for EHS to arrive on scene
- EHS actions upon arrival

Deficiencies in response are addressed immediately with the responding personnel and their supervisors and a full report is made and given to the Radiation Safety Committee.

Case Western Reserve University also conducts annual tabletop scenarios simulations emergency response to different situations on campus, with the involvement of upper administration, security, safety, and maintenance.