

Principal Investigator Assurance

I assure that I have involved the Facility Safety Director/Manager in the planning of this research proposal, discussed with him/her all aspects of the proposal that relate to occupational health and safety, and will help him/her prepare the annual Facility Safety Plan.

Status Report.

- ◆ I assure that I will comply with my institution's safety program and its requirements.
- ◆ I understand that I am directly responsible for all aspects of safety and occupational health specific to my research protocol.
- ◆ I assure that I will report to the Facility Safety Director/Manager any changes in the safety or occupational health practices due to changes in my originally planned research.
- ◆ I assure that hazards associated with my research have been identified eliminated and/or controlled.
- ◆ I assure that all Facility Safety Plan requirements are in compliance with Local, State and Federal general industry standards.
- ◆ If applicable, I assure biological research programs will follow the recommended guidelines established in the latest editions of the CDC-NIH publication Biosafety in Microbiological and Biomedical Laboratories (BMBL); Army Regulation 385-10, Chapter 20 (Biological Safety); and DA Pamphlet 385-69 (Safety Standards for Microbiological and Biomedical Laboratories).

Name of Principal Investigator (print) _____

Signature of Principal Investigator _____

Date: _____

Mailing Address: _____

Street: _____

City State Zip Code: _____

Phone Number: _____

Fax: _____

E-mail Address: _____