

## Principal Investigator Safety Program 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 Safety Plan requirements are in compliance with 32 CFR 626 and 627, "Biological Defense Safety Program and Biological Defense Safety Program, Technical Safety Requirements" (*if applicable*).

\_\_\_\_\_  
Name of Principal Investigator (print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Mailing Address: \_\_\_\_\_

Street

\_\_\_\_\_  
City State Zip Code

Phone Number: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail Address: \_\_\_\_\_