

Newly Appointed - Principal Investigator Assurance

- ◆ I assure that I have coordinated with the Facility Safety Director/Manager in the research, and have discussed with him/her all aspects of the research-related specific safety issues, 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 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: _____