**PROJECT PERSONNEL AFFIRMATION FORM**

***for use with Biosafety forms***

|  |  |
| --- | --- |
| **PI Name:** |  |
| **Protocol #** |  |
| **Project Title:** |  |

**Project Personnel AFFIRMATION: (All personnel listed in Section E must complete individually)**

I accept responsibility for the safe conduct of work with this material and have received the appropriate training on the hazards and the level of containment required to perform this research safely. I will report to the Principal Investigator and the Biosafety and Chemical Safety Committee any accident or incident that results in a potentially toxic exposure to personnel or any incident releasing recombinant DNA or other potentially hazardous materials into the environment.

|  |  |
| --- | --- |
| Project Personnel Names (please type): |  |

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Print this page as many times as necessary to allow for signatures for all personnel you listed.)