## VIII. Certification of Agreement

A *Certification of Agreement* must accompany all Unit Specific Plans.

**Principal Investigator’s Agreement.**

I certify that the information presented in the submitted Unit Specific Plan Form is accurate and complete.

I agree to comply with all the procedures required in the *Unit Specific Plan* and to fully train and supervise all researchers under my direction.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| **Principal Investigator’s/Unit Manager’s Signature** |  | **Date** |

**Laboratory/Research Safety Officer:**

|  |  |  |
| --- | --- | --- |
|       |  |  |
| **Lab/Research Safety Officer Signature** |  |  |
|       |  |       |
| **Campus Address** |  | **Campus Phone** |

**Staff Agreement and Confirmation of Training.**

1. I agree that I have thoroughly read and understood the supervising principal investigator’s *Unit Specific Plan* (including any attached *Annual Reviews*, *Clarifications*, and EHS correspondence).
2. I have access to this safety information at all times when I am working.
3. I have been trained to be able to identify the hazards to which I may be exposed and to follow the work practices and procedures discussed in the plan.
4. I certify that I will conduct my research work safely and that I will be responsible for following stated safety policies.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Signature** | **Campus****Address** | **Campus****Phone** |
|       |  |       |       |
|       |  |       |       |
|       |  |       |       |
|       |  |       |       |
|       |  |       |       |
|       |  |       |       |
|       |  |       |       |
|       |  |       |       |
|       |  |       |       |
|       |  |       |       |
|       |  |       |       |