

**Principal Investigator Assurance
for Department of Defense Funded Research Activities**

- ◆ 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 (FSPSR).
- ◆ 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: _____

**Return this completed assurance statement with your PI Grant Submittal Checklist
to the VEHS Biosafety Section (U-0211 MCN).**