

# Principal Investigator Health and Safety Assurance Form

(Internal form submitted only to EHS.)

## The University of Iowa Principal Investigator Health and Safety Assurance Form.

**Principal Investigator** \_\_\_\_\_

**Department** \_\_\_\_\_

**Research Location** \_\_\_\_\_

**Proposal Title** \_\_\_\_\_

I am aware of The University of Iowa health and safety programs listed below and on Form A. I understand, will follow, and enforce the requirements of those programs applicable to my research. I will ensure that all personnel involved in my research have been trained before research begins and will follow the policies and procedures specific to my research.

I have provided a date and initial indicating that the requirements of the health and safety programs listed below and on Form A applicable to my research (those not applicable are designated as N/A) have been met. Note: You may submit a completed Form A with this assurance or complete the items below.

Program	Initials	Date	N/A
<b>Laboratory Chemical Safety Program</b>			
• Chemical Hygiene Program (general and site-specific)			
<b>Biological Safety Program</b>			
• Biological Agents (general)			
• Recombinant DNA			
• Bloodborne Pathogens			
• Select Agents			
<b>Radiation Safety Program</b>			
• Ionizing Radiation			
• Non-Ionizing Radiation (lasers, MRI)			
<b>General Laboratory Safety</b>			
• General Safety, Fire Prevention, Emergency Preparedness			
• Personal Protective Equipment Program			
• Respiratory Protection Program			
<b>Environmental and Waste Management</b>			
• Hazardous Waste Management			
• General Environmental Compliance			
<b>Animal Use in Research (IACUC-approved protocols)</b>			
There are also specific Army/DoD requirements. See <a href="http://mrmc.amedd.army.mil/index.cfm?pageid=Research_Protections.acuro_requirements">http://mrmc.amedd.army.mil/index.cfm?pageid=Research_Protections.acuro_requirements</a>			