Written Plan Acknowledgement Document

Location (Building Name, Room Number):_____
Principal Investigator (PI):_____

I, the undersigned, hereby certify that:

- ☐ I have carefully read and fully understand the written plans, policies and protocols for this laboratory
- ☐ I have been adequately instructed and trained by the PI, Co-PI or other designated authorized users in the application of all required procedures.
- ☐ I have been given the opportunity to ask questions and receive clarification of further instructions concerning them.
- ☐ I am confident in my ability to safely work with the approved select agents or toxins in the locations that I am authorized for work.
- ☐ I understand that failure to comply with these written plans, applicable regulations and federal guidelines can adversely impact public health and national security. Therefore, failure to follow laboratory protocols and policy can result in revocation of my access to the lab at any time.

Date	**Reviewer Name (Print)**	**Reviewer Signature**	***Check those plans that apply to your review***		
			Biosafety Plan or CHP	**Incident Response Plan**	**Security Plan**