

### 3. Proposal Safety Plan (proposal-based)

The Principal Investigator must provide one Proposal Safety Plan for each proposal recommended for funding. Provide information specific for the proposal for each of the three (3) parts listed below. Please be concise and brief (1-2 pages).

a. List of Hazards. Identify potential health hazards such as infectious material, toxic substances, radiation, hazardous chemicals, biological hazards and other hazardous materials used in the proposed research.

b. Recombinant DNA (*Only applicable if research involves Recombinant DNA; otherwise, label as N/A*). Research involving recombinant DNA must meet or exceed NIH Guidelines for Research Involving Recombinant DNA Molecules, May 1999 edition. Provide a written approval letter from the organization's Institutional Bio-safety Committee (IBC). If DNA experiments are exempt under the NIH Guidelines, provide a copy of the written exemption notification.

Copies of the above NIH Guidelines are available at:

Fax: (301) 496-9839  
Phone: (301) 496-9838  
Website: <http://www4.nih.gov/od/oba>  
Mail: Office of Recombinant DNA Activities  
National Institutes of Health, MSC 7010  
6000 Executive Boulevard, Suite 302  
Bethesda, MD 20892-7010

c. Principal Investigator Assurance. The Principal Investigator must provide the following signed assurance:

PRINCIPAL INVESTIGATOR ASSURANCE

- ◆ 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: \_\_\_\_\_