

## ADMINISTRATIVE AMENDMENT

University of Florida  
Environmental Health & Safety  
Biological Safety Office

Date: \_\_\_\_\_

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|               |  |
|---------------|--|
| PI Name:      | Title:                                 |
| Department:   | Address/Box:                           |
| Office Phone: | Lab Phone:                      Email: |

### REQUESTED MODIFICATIONS

**1. Location of experiments** (*room changes may require an inspection prior to approval*):

| ACTION<br>Add    Delete | Project Number(s) | Building | Room(s) |
|-------------------------|-------------------|----------|---------|
|                         |                   |          |         |
|                         |                   |          |         |
|                         |                   |          |         |

**2. Personnel:** *All new personnel, by their signature below, indicate that they are familiar with and agree to comply with all applicable UF, local, state, and federal regulations.*

| ACTION<br>Add    Delete | Project Number(s) | Name | Title/Position | UF ID | Signature<br>(required if adding personnel) |
|-------------------------|-------------------|------|----------------|-------|---|
|                         |                   |      |                |       |   |
|                         |                   |      |                |       |   |
|                         |                   |      |                |       |   |
|                         |                   |      |                |       |   |
|                         |                   |      |                |       |   |
|                         |                   |      |                |       |   |

**3. Project Termination:**

| Project number | Project Title | What will you do with the material?                             |
|----------------|---------------|---|
|                |               | Take it with you<br>Transfer to:<br>Inactivate/disposal method: |
|                |               | Take it with you<br>Transfer to:<br>Inactivate/disposal method: |
|                |               | Take it with you<br>Transfer to:<br>Inactivate/disposal method: |

I attest to the fact that these individuals are properly trained in this area of experimentation. I agree to comply with all applicable UF, local, state, and federal regulations pertaining to the proposed project changes. The information above is accurate and complete to the best of my knowledge.

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

\_\_\_\_\_  
Date