

**EH&S LABORATORY SAFETY PROGRAM  
COMPLIANCE AND TRAINING SIGNATURE SHEET**

**Principal Investigator**

I am familiar with and agree to comply with the various rules, regulations and policies related to research safety at the University of Florida.

\_\_\_\_\_  
Building & room number(s)

\_\_\_\_\_  
Print name and title Department

\_\_\_\_\_  
Signature Date

**Lab Personnel**

The undersigned lab members have been properly trained and fully understand the actions necessary to correct the safety issues outlined in the most recent EH&S laboratory safety survey for the lab(s).

Name	Title	Signature
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____
7.	_____	_____
8.	_____	_____
9.	_____	_____
10.	_____	_____
11.	_____	_____
12.	_____	_____
13.	_____	_____
14.	_____	_____
15.	_____	_____
16.	_____	_____