

# PURDUE BIOLOGICAL SAFETY AWARENESS CERTIFICATION

The Occupational Safety and Health Administration (OSHA) requires that employees be made aware of the biological hazards at their place of employment.

After reading the "Purdue Biological Safety Manual," please complete and return a copy of this form to your supervisor or Designated Trained Individual. By signing below you acknowledge that you are aware of the Purdue Biological Safety Program and the policies and procedures applicable to your work. Your supervisor will provide additional information and training as appropriate.

Name \_\_\_\_\_ Phone \_\_\_\_\_

University ID Number \_\_\_\_\_

Department \_\_\_\_\_

Job Classification (if employee) \_\_\_\_\_

Building \_\_\_\_\_ Room \_\_\_\_\_

Course No. (if student) \_\_\_\_\_

Supervisor, instructor, or P.I. for your area \_\_\_\_\_

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

Supervisors and instructors:

Please retain the completed documentation forms in your departmental safety training files.