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.

The official version of this information will only be maintained in an on-line web format. Review the material on-line prior to placing reliance on a dated printed version.