

## **RSCA PROJECT PLAN AND COVID-19 SAFETY PROCEDURES ACKNOWLEDGMENT FORM**

I acknowledge that I have reviewed the Project Plan and the COVID-19 safety information in relation to the project named below. I understand and agree that I must follow all instructions and safety measures to lower and prevent the risk of spreading COVID-19.

\_\_\_\_\_  
**Full Name**

\_\_\_\_\_  
**Unit/Department and College/Division**

\_\_\_\_\_  
**Laboratory/Research/Activity Group Name**

\_\_\_\_\_  
**Project Name**

\_\_\_\_\_  
**Name of Principal Investigator / RSCA Leader / Faculty in Charge**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

*NOTE: Please submit this form to your Principal Investigator / RSCA Leader / Faculty in charge.*