

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.