

## Acknowledgement of ATLSS Laboratory Safety Plan Review

I have read and understood the ATLSS Laboratory Safety Plan and will act in accordance to the policies documented within.

ATLSS Safety Plan Revision: \_\_\_\_\_

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

Printed Name: \_\_\_\_\_

Signed: \_\_\_\_\_

Status (faculty, staff, visitor, student) \_\_\_\_\_

All completed forms should be returned to ATLSS Administrative Director for inclusion in safety file.