IV. Signatures

This project has been reviewed by the undersigned. Any major modifications of equipment or changes in procedures will require additional review by the Departmental Safety Committee, and/or the Departmental Safety Officer and the Department Head.

Principal Investigator: ___________________     ___________________    _________________    __/___/__
Department Name                    Print Name                          Signature                    Date

Department Head: ___________________     ___________________    _________________    __/___/__
Department Name                    Print Name                          Signature                    Date

College of Architecture Dean: ___________________    _________________    __/___/__
Department Name                    Print Name                          Signature                    Date

Architecture Ranch Manager: ___________________     ___________________    _________________    __/___/__
Department Name                    Print Name                          Signature                    Date

Riverside Campus Facilities Coordinator: ___________________    _________________    __/___/__
Department Name                    Print Name                          Signature                    Date

TAMU Environmental Health & Safety Office: ___________________    _________________    __/___/__
Department Name                    Print Name                          Signature                    Date

Council for the Built Environment: ___________________    _________________    __/___/__
Department Name                    Print Name                          Signature                    Date

Documented Safety Agreements

All affected individuals must sign the completed PSA to document their commitment to conduct all project activity in accord with the Safety Policy, TAMU Safety Manual, TAMUS Standards & Rules, national consensus standards and guidelines, and with applicable local, state, and federal regulations.

Principal Investigator: ___________________     ___________________    _________________    __/___/__
Department Name                    Print Name                          Signature                    Date

Researcher/Lab Technician: ___________________    _________________    ________________    __/___/__
Department Name                    Print Name                          Signature                    Date

Graduate Students: ___________________     ___________________    _________________    __/___/__
Department Name                    Print Name                          Signature                    Date

Student Workers: ___________________     ___________________    _________________    __/___/__
Department Name                    Print Name                          Signature                    Date

Other: ___________________     ___________________    _________________    __/___/__
Department Name                    Print Name                          Signature                    Date