**Standard Operating Procedure Acknowledgement Form**

The responsible individual shall verify and document that personnel working under the direction of this SOP understand and agree to comply with the safety plan before beginning work.

All individuals listed below affirm that they have read and agree to comply with the attached SOP.

**PI Acknowledgement:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name:  |  |  | E-Mail: |  |
| Signature: |  |  | Date: |  |

**Trained Authorized Users:**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| UHID: |  |  | Name: |  |  |  | Initials: |  |
| UHID: |  |  | Name: |  |  |  | Initials: |  |
| UHID: |  |  | Name: |  |  |  | Initials: |  |
| UHID: |  |  | Name: |  |  |  | Initials: |  |
| UHID: |  |  | Name: |  |  |  | Initials: |  |
| UHID: |  |  | Name: |  |  |  | Initials: |  |
| UHID: |  |  | Name: |  |  |  | Initials: |  |
| UHID: |  |  | Name: |  |  |  | Initials: |  |
| UHID: |  |  | Name: |  |  |  | Initials: |  |