

Central Michigan University Field Safety

Field Safety Policy Acknowledgment

I, the undersigned, have read and fully understand Central Michigan University's Field Safety Policy.

Name: _____ Employee/Student Number _____

Signature _____ Date _____

*Please complete this form and submit to the Office of Laboratory and Field Safety, Foust 108.
Submit a copy of the signed form to your department chair or program director.*

Review of the Field Safety Policy and this acknowledgment form should be completed annually.