

Alternate Principal-Investigator Policy

updated 8/11/09

The Food Science and Human Nutrition Safety Committee recommends that each principal investigator (PI) in the FSHN department designate an alternate PI to be responsible for the safety of the PI's laboratory in the PI's absence. The alternate PI should be a faculty member who would provide guidance to the Environmental Protection Agency, Environmental Health & Safety, Iowa Departments of Health and Natural Resources, OSHA and/or the State Fire Marshall in the event of an inspection or accident. Any fines, penalties, or liabilities resulting from noncompliance to the safety guidelines are the responsibility of the PI.

Every year and/or before their absence, the PI will review special safety precautions for the lab with the alternate PI using the PI's Lab-Specific Safety Training form and the FSHN Quarterly Safety Inspection Checklist as guidelines. This training and the designation of the alternate PI will be documented and updated annually in the below form, signed by the PI and alternate PI and copies kept with the safety records in the lab and in the FSHN 2312 FSB office. Before the absence, the PI will notify all lab personnel of the alternate PI's contact information and ensure that the temporary emergency contact information is posted on the outside of all lab doors designating the alternate PI and the time period of the PI's absence. For absences due to personal or business travel, the PI will put the alternate PI's name on the travel authorization form. PIs with animal protocols or labs authorized to use biohazards, bloodborne pathogens and/or radioactivity must designate an alternate PI whose lab has the same authorization.

Designation of an Alternate Principal Investigator

I, _____, (*PRINTED principal investigator's name*)
hereby designate _____ (*PRINTED alternate PI's name*)
to be responsible for the safety of my laboratory at _____ (*room and building*) in the event of my absence OR for the period of _____ (*departing date*) through _____ (*return date*).

I have reviewed special safety precautions, provided Lab-Specific Safety Training and completed the FSHN Quarterly Safety Inspection Checklist for my laboratory with the above designated alternate PI.

(*Principal Investigator's signature*)

(*date*)

(*Alternate Principal Investigator's signature*)

(*date*)