MJIS 3052C Cold Room Training and Policy Acknowledgment Form

Personnel Information

Name: _____ Email: _____

Role / Title: _____

Affiliated Faculty PI Laboratory: _____ Email: _____

Requested Access Type (check which applies)

☐ Research Use (RU)

☐ Quality-Plan-Governed (QP)

Training Record and Approvals

The individual listed above confirms completion of the following required tasks prior to cold room access:

☐ Weldon School of Biomedical Engineering Safety Training Checklist and Laboratory Access Request Form

PI Signature: _____ Date: _____

☐ Cold Room Access Request Form Completed and Approved

Trainer Signature: _____ Date: _____

☐ Cold Room Policy Read and Acknowledge

Requestor Signature: _____ Date: _____

☐ Cold Room Use Training & Orientation

Trainer Signature: _____ Date: _____

☐ Quality Plan & SOP Training (QP only)

Trainer Signature: _____ Date: _____

Policy Acknowledgment

I acknowledge that I have read and understand the MJIS 3052C Cold Room Use Policy. I agree to comply with all access restrictions, PPE requirements, segregation practices, safety procedures, and Quality-Plan-Governed requirements applicable to my authorized activities. I understand that failure to comply may result in suspension or revocation of cold room access.

Requestor Signature: _____ Date: _____

Approval to be granted by the Cold Room Oversight Committee or its designee.

Approver Name: _____

Signature: _____ Date: _____