

## NIH Certification about Safe and Healthful Work Environment

**Use for:** *Arrival, Departure or Changes in PI/Key Personnel Named in Notice of Award (including multi-PI arrangements), Reduction in Effort of those PIs/Key Personnel of 25% or more (this includes changes submitted on the RPPR). Each PI/Key Personnel with these changes for an award must submit a form.*

**Instructions:** Submit this form to your ORSO Coordinator whenever a change on an NIH award includes one of the above-listed items. ORSO must receive this signed form prior to endorsing the request.

**In addition to the form, the request itself** must state (either positively or negatively) whether the change is related to concerns about safety or work environments. The suggested wording for the request statement is: *“This request is [is not] related to concerns about safety and/or the work environment.”*

Investigator Name: \_\_\_\_\_

NIH Award Number: \_\_\_\_\_

ORSO Number: \_\_\_\_\_

Administering Department: \_\_\_\_\_

### Certification Statements from Investigator and from Department Head:

Per [Guide Notice NOT-OD-20-124](#), NIH recipients are expected to provide safe and healthful working conditions for their employees and foster work environments conducive to high-quality research. NIH requires the institution to identify whether the project change(s) for the person named above is **related to concerns about safety and/or work environments (e.g., due to concerns about harassment, bullying, retaliation, or hostile working conditions)**. Please check the applicable box below and sign/date the form and return to ORSO @ [orso@wsu.edu](mailto:orso@wsu.edu).

#### INVESTIGATOR:

This request \_\_\_\_ IS or \_\_\_\_ IS NOT related to concerns about safety and/or work environment.

\_\_\_\_\_  
Investigator Signature                      Date

#### DEPARTMENT HEAD:

\_\_\_\_ My department is not aware of any concerns as outlined above

\_\_\_\_ My department is aware of concerns or possible concerns as outlined above.

[An ORSO representative will be in touch with you to discuss.]

\_\_\_\_\_  
Department Head Signature\* (Only)                      Date                      Dept Head Name (typed)

*\*Signature may not be delegated, except that a Vice Chair/Head may sign if they hold responsibilities in the unit that would guarantee that they are aware of any such concerns.*