

# PRIME Lab SOP CERTIFICATION OF TRAINING

Name of person trained: Thomas E. Miller Date: 5/22/19  
(please print - first name first)

Classification:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Undergraduate Student   | <input checked="" type="checkbox"/> Full time Staff | <input type="checkbox"/> Visiting Faculty    |
| <input type="checkbox"/> Graduate Student        | <input type="checkbox"/> Part Time Staff            | <input type="checkbox"/> Visiting Researcher |
| <input type="checkbox"/> Postdoctoral Researcher | <input type="checkbox"/> Faculty                    | <input type="checkbox"/> Other _____         |

Supervisor: Dr. Marc Caffee  
(printed name - this can be your immediate supervisor)

I certify that I have read and understand the following SOPs related to my work.

### USE OF CHEMICALS

- Chemicals Stored Above Eye Level
- Concentrated Acid/Base
- Corrosives
- Cryogens
- Flammable materials
- Pyrophoric/ Water Reactive
- Oxidizers
- Sensitizers
- Toxic materials
- HF
- Other \_\_\_\_\_
- Other \_\_\_\_\_
- Other \_\_\_\_\_

### USE OF EQUIPMENT

- Centrifuges
- Compressed Gasses
- Other \_\_\_\_\_
- Other \_\_\_\_\_
- Other \_\_\_\_\_

Signed TRAINEE:

Thomas E. Miller

Put signed copy of this form in Ken Mueller's mailbox in PRIME Lab.