

PRIME Lab SOP CERTIFICATION OF TRAINING

Name of person trained: Thomas Miller Date: 6/16/2023
(please print - first name first)

Classification:

- | | | |
|--|--|--|
| <input type="checkbox"/> Undergraduate Student | <input 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 checked="" type="checkbox"/> Other <u>Retiree</u> |

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
- Cryogenes
- 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 Miller

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