

PRIME Lab SOP CERTIFICATION OF TRAINING

Name of person trained: Thomas E. Miller Date: 7/25/18
(please print - first name first)

Classification:

- Undergraduate Student
- Full time Staff
- Visiting Faculty
- Graduate Student
- Part Time Staff
- Visiting Researcher
- Postdoctoral Researcher
- Faculty
- 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
- Cryogenics
- 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.