## Hydrofluoric Acid (HF) CERTIFICATION OF TRAINING

Name of person trained:	Adeline (please print - first na	Evans ame first)		Date: 1/27/16
Duration of training:	U	,	hours	
•	*		neare	
Classification:				
Undergraduate	Student	Full time Staff	Visiting Faculty	
Graduate Student Part Time St		Part Time Staff	Visiting Researche	er
Postdoctoral Researcher Facult		Faculty	Other	
Supervisor:	om C	litton		
(printed n	ame - this can be your	r immediate supervisor)		
I certify that I have received and understand the following training:				
and the same and t				
I have read and understood the appropriate hydrofluoric acid SDS or MSDS  I have completed the web site training module for HF  I understand the first aid treatment for exposure and the need for immediate medical treatment  I understand the PPE requirements for all tasks involving hydrofluoric acid in my work area  I have read the hazard assessments and SOPs for work with hydrofluoric acid in my area  I understand that exposure to hydrofluoric acid is a life threatening event  I certify that safe procedures for use of hydrofluoric acid have been demonstrated by my supervisor				
CERTIFICATION: I certify that I have received the training shown above, and understand how to safely use hydrofluoric acid				
Signed TRAINEE:	Adelar	- En		
I certify that the trainee has received the training indicated and has demonstrated his/her ability to safely use hydrofluoric acid  Training assessment has been accomplished by means of:  A written test  Observation of trainee performing tasks				
Signed SUPERVISOR:				