

# PRIME Lab SOP CERTIFICATION OF TRAINING

Name of person trained: \_\_\_\_\_ Date: \_\_\_\_\_  
(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 type="checkbox"/> Other _____         |

Supervisor: \_\_\_\_\_  
(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: \_\_\_\_\_

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