

PERSONAL PROTECTIVE EQUIPMENT CERTIFICATION OF TRAINING

Name of person trained: Brian Mason

Date: Aug 5, 2020

Physics Dept, PRIME Lab Rooms: S-153, S-170, S-170B, S-171, S180, S-182, S-188

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: Marc Caffee

Person Administering Training Ken Mueller

PPE Requirements for the tasks below are per the hazard certification for the room where the work is done

Note HF training is done on a form for HF training

- | | |
|---|---|
| <input checked="" type="checkbox"/> Use of hazardous liquids and solids | <input type="checkbox"/> Machining, grinding, drilling, etc. |
| <input checked="" type="checkbox"/> Use of compressed gasses and sprays | <input type="checkbox"/> Welding, brazing, torch cutting |
| <input checked="" type="checkbox"/> Use of cryogenic liquids | <input checked="" type="checkbox"/> Working in loud environment |
| <input type="checkbox"/> Use of crane | <input type="checkbox"/> soldering and working with hot objects |
| <input type="checkbox"/> Use of knives or similar sharp instruments | <input type="checkbox"/> UV emitting instruments |
| <input type="checkbox"/> glassblowing | <input type="checkbox"/> Other _____ |

The trainee has demonstrated proficiency in the use of the following Personal Protective Equipment

- | | |
|---|---|
| Body Cover | Eye Protection |
| * <input type="checkbox"/> Apron | * <input checked="" type="checkbox"/> Impact - Safety Glasses / Goggles |
| * <input checked="" type="checkbox"/> Lab coat | * <input checked="" type="checkbox"/> Splash - Safety Glasses / Goggles |
| <input type="checkbox"/> Coveralls | * <input checked="" type="checkbox"/> Face Shield |
| <input checked="" type="checkbox"/> Hard hats | <input type="checkbox"/> Glassblowing Glasses |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Welding Glasses / Helmet |
| Hand Protection / gloves | <input type="checkbox"/> Laser Goggles |
| * <input checked="" type="checkbox"/> Chemical | <input type="checkbox"/> Other _____ |
| <input checked="" type="checkbox"/> Heat | Other Protection |
| * <input checked="" type="checkbox"/> Cryogenic | * <input checked="" type="checkbox"/> Hearing protection |
| <input type="checkbox"/> Cut resistant | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |

CERTIFICATION: I certify training was conducted in accordance with the provisions of the Purdue University Personal Protective Equipment Policy and that each affected employee has received and understood the training provided. I also certify that I was trained in the use of the certification of hazard assessment and understand that it is my responsibility to follow the minimum requirements posted for each task that I perform.

Signed TRAINEE:

Brian Mason

Signed TRAINER:

Ken Mueller

Signed SUPERVISOR:

Marc Caffee