

# PRIME Lab SOP CERTIFICATION OF TRAINING

Name of person trained: Darryl Granger Date: 10/17/17  
(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 checked="" 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
- 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: 

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