

## PRIME Lab SOP CERTIFICATION OF TRAINING

Name of person trained: \_\_\_\_\_

(please print - first name first)

Date: 10/17/17

Classification:

☐ Undergraduate Student

☐ Full time Staff

☐ Visiting Faculty

☐ Graduate Student

☐ Part Time Staff

☐ Visiting Researcher

☐ Postdoctoral Researcher

☒ Faculty

☐ 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

☒ 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: \_\_\_\_\_

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