PRIME Lab SOP CERTIFICATION OF TRAINING

Name of person trained: (please print - fin	Grang av		Date: \\\/\(\lambda/1/2019\)
Classification: Undergraduate Student Graduate Student	Full time Staff Part Time Staff Faculty	☐ Visiting Faculty☐ Visiting Researcher☐ Other	
Supervisor: ### Coffee (printed name - Ithis 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 Concentrated Acid/Base Corrosives Cryogens Flammable materials Pyrophoric/ Water Reactive Oxidizers Sensitizers Toxic materials HF Other Other Other	USI e Level	Centrifuges Compressed Gasses Other Other	
Signed TRAINEE:			