PRIME Lab SOP CERTIFICATION OF TRAINING

Name of person trained: (please print - first name first)	Date: 4/21/15
Classification: Undergraduate Student Graduate Student Postdoctoral Researcher Full time Staff Part Time Staff Faculty	
Supervisor: (printed name - this can be your immediate supervisor)	or)
I certify that I have read and understand the following S	OPs related to my work.
Concentrated Acid/Base Corrosives Cryogens Flammable materials Pyrophoric/ Water Reactive Oxidizers Sensitizers Toxic materials HF Other Other Other Other Signed TRAINEE:	USE OF EQUIPMENT Centrifuges Compressed Gasses Other Other Other

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