

# PRIME Lab SOP CERTIFICATION OF TRAINING

Name of person trained: George S. Jackson  
(please print - first name first)

Date: 07/27/2023

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  
(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:

George S. Jackson

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