

PRIME Lab SOP CERTIFICATION OF TRAINING

Name of person trained:

George S. Jackson
(please print - first name first)

Date:

08/01/2019

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:

George S. Jackson

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