

# PRIME Lab SOP CERTIFICATION OF TRAINING COVID-19 RESPONSE

Name of person trained: George Jackson Date: 06/22/2020  
(please print - first name first)

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 should be your immediate supervisor)

I certify that I have read the pre-read materials.

[https://protect.purdue.edu/app/uploads/2020/05/COVID19-Research-Space-SOP-Background-Preread-May22\\_pdf\\_ADA.pdf](https://protect.purdue.edu/app/uploads/2020/05/COVID19-Research-Space-SOP-Background-Preread-May22_pdf_ADA.pdf)

I certify that I have completed the COVID-19 online training

<https://www.purdue.edu/ehps/rem/worker/COVID-19%20Resources.html>

I certify that I have reviewed the COVID-19 risk matrix and have taken appropriate actions if high risk.

<https://protect.purdue.edu/updates/plans-underway-to-protect-the-most-vulnerable-purdue-populations-of-serious-illness-from-covid-19/>

I certified that I have reviewed and understood the Shared User Facility SOP  
and any equipment specific safety measures  
(sent in email from George)

I certify that I have had the opportunity to discuss the SOP with responsible shared user facility personnel

I agree to follow these requirements to the best of my ability.

Signed TRAINEE: [Signature]

Date: 06/22/2020

Trainee phone number or email address: 49915  
or

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