## PRIME Lab SOP CERTIFICATION OF TRAINING COVID-19 RESPONSE

| Classification:  Undergraduate Student  Graduate Student  Part Time Staff  Visiting Faculty  Graduate Student  Postdoctoral Researcher  Faculty  Other  Supervisor:  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  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  | Name of person trained: (30)                | orae Jack                         | eson                               | Date: 06/22/2020                     |
|--|---|-----------------------------------|------------------------------------|--------------------------------------|
| Undergraduate Student Graduate Student Part Time Staff Visiting Faculty Visiting Researcher Postdoctoral Researcher Faculty Other  Supervisor:    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    Certify that I have completed the COVID-19 online training https://www.purdue.edu/ehps/rem/worker/COVID-19%20Resources.html    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/    Certified that I have reviewed and understood the Shared User Facility SOP and any equipment specific safety measures  |   | - first name first)               |                                    |                                      |
| Graduate Student Postdoctoral Researcher Faculty Other  Supervisor:    Certify that   have read the pre-read materials. https://protect.purdue.edu/app/uploads/2020/05/COVID19-Research-Space-SOP-Background-Preread-May22 pdf ADA.pdf    Certify that   have completed the COVID-19 online training https://www.purdue.edu/ehps/rem/worker/COVID-19%20Resources.html    Certify that   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/    Certified that   have reviewed and understood the Shared User Facility SOP and any equipment specific safety measures   | Classification:                             |                                   |                                    |                                      |
| Postdoctoral Researcher Faculty 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  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  | Undergraduate Student                       | Full time Staff                   | Visiting Faculty                   |                                      |
| Supervisor:    Caffel  | Graduate Student                            | Part Time Staff                   | Visiting Resear                    | cher                                 |
| (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  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   | <ul> <li>Postdoctoral Researcher</li> </ul> | ☐ Faculty                         | Other                              |                                      |
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| and any equipment specific safety measures   | https://protect.purdue.edu/updates/pla      | ns-underway-to-protect-the-most-v | <u>/ulnerable-purdue-populatio</u> | ns-or-serious-illness-irom-coviu-19/ |
| and any equipment specific safety measures   | I certified that I have reviewed            | and understood the Share          | ed User Facility SOP               |                                      |
| (sent in email from George)  |   |                                   | •                                  |                                      |
| I certify that I have had the opportunity to discuss the SOP with responsible shared user facility personnel   | I and the thet I have had the one           | portunity to discuss the Si       | OP with responsible                | shared user facility personnel       |
| recently that I have had the opportunity to discuss the cor with responsible shared user racing personal control of the corrections of the correction of the | certify that I have had the opp             | ortunity to discuss the ov        | or with responsible                | onarou door memo, p                  |
|  |   |                                   |                                    |                                      |
| I agree to follow these requirements to the best of my ability.  | I agree to follow these require             | ments to the best of my at        | oility.                            |                                      |
| Signed TRAINEE: Date: 66/32/2020   | Signed TRAINEE:                             | 1.4                               |                                    | Date: <u>66/22/2020</u>              |
| Trainee phone number of email address: 49915   | Trainee phone number of email               | address: 4997                     |                                    |                                      |
| Trainee priorie manuel a coman accises   | •   |                                   |                                    |                                      |

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