

PERSONAL PROTECTIVE EQUIPMENT CERTIFICATION OF TRAINING

Name of person trained: George Jackson

Date: 11/25/2013

Physics Dept, PRIME Lab Rooms: All S-rooms, B-22, B-23, B-24, B-174, B-174C

Classification:

- | | | |
|--|---|--|
| ☐ Undergraduate Student | ☒ Full time Staff | ☐ Visiting Faculty |
| ☐ Graduate Student | ☐ Part Time Staff | ☐ Visiting Researcher |
| ☐ Postdoctoral Researcher | ☐ Faculty | ☐ Other _____ |

Supervisor: Marc Caffee

Person Administering Training Ken Mueller

PPE Requirements for the tasks below are per the hazard certification for the room where the work is done

Note HF training is done on a form for HF training

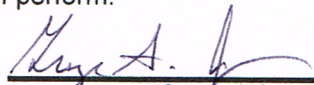
- | | |
|--|--|
| ☒ Use of hazardous liquids and solids | ☐ Machining, grinding, drilling, etc. |
| ☒ Use of compressed gasses and sprays | ☐ Welding, brazing, torch cutting |
| ☒ Use of cryogenic liquids | ☒ Working in loud environment |
| ☒ Use of crane | ☒ soldering and working with hot objects |
| ☒ Use of knives or similar sharp instruments | ☐ UV emitting instruments |
| ☒ glassblowing | ☐ Other _____ |

The trainee has demonstrated proficiency in the use of the following Personal Protective Equipment

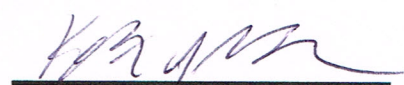
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|---|---|
| Body Cover | Eye Protection |
| * ☒ Apron | * ☒ Impact - Safety Glasses / Goggles |
| * ☒ Lab coat | * ☒ Splash - Safety Glasses / Goggles |
| ☐ Coveralls | * ☒ Face Shield |
| * ☒ Hard hats | * ☒ Glassblowing Glasses |
| ☐ Other _____ | ☐ Welding Glasses / Helmet |
| Hand Protection / gloves | ☐ Laser Goggles |
| * ☒ Chemical | ☐ Other _____ |
| * ☒ Heat | Other Protection |
| * ☒ Cryogenic | * ☒ Hearing protection |
| * ☒ Cut resistant | ☐ Other _____ |
| ☐ Other _____ | ☐ Other _____ |

CERTIFICATION: I certify training was conducted in accordance with the provisions of the Purdue University Personal Protective Equipment Policy and that each affected employee has received and understood the training provided. I also certify that I was trained in the use of the certification of hazard assessment and understand that it is my responsibility to follow the minimum requirements posted for each task that I perform.

Signed TRAINEE:



Signed TRAINER:



Signed SUPERVISOR:

