CHP1 confirmation/certification

PRINT (1st READ CAREFULLY)

Check for accuracy and if necessary return to the form with your browser's "back" button and correct and re-submit. PRINT, get signatures, copy (keep the original) and file copy/ies as directed by your group/department.

Last Name, First Name Chmiel, Greg	date	Department Physics		Job title Laboratory Technician VII
Workroom(s) include bldg(s) Weatherill 208, Weatherill 206	email gjc	Staff Classification Technical		Supervisor Marc Caffee
		Γ		
CompletedAndUnderstoodTrainingModule		yes		
InformedOfLabStandardContentsAndLocation		yes		
InformedOfCHPLocationAndAvailability		yes		
InformedOfSafetyInfoLocationAndAvailability		yes		
InformedOfExposureSignsAndSymptoms		yes		
InformedOfPELs		yes		
TrainedAboutMethodsAndObservationsToDetectRelease		yes		
TrainedAboutPhysicalAndHealthHazards		yes		
TrainedAboutProtectiveMeasures		yes		
TrainedAboutCHPDetails		yes		
UnderstandWhomToAskQuestions		yes		
CHP2 options		I am not afilliated with Dept of Chemistry.		
Signature	bregon La	mil	date	6-10-2009
Signature of person named here affirms that training material has been read completely, and that serious and careful effort will be made to remain abreast of all relevant safety and health rules which affect his/her work.				
Not valid without all information requested above and below				
of the principles and proced	person named above has dedures of this training. (Supe y is assumed by your signatuence is required by law.)	rvisor is not exped	cted to guar	rantee that there will never
Supervisor (print name) Marc Caffae				
Supervisor signature Maxe W Coffee				
Supervisor must be Faculty	r, or Center/Laboratory/Facili	W Director, and in	n approved	cases other technical or AP

staff may sign for staff/students working in an area for which the technician/AP staff member has full responsibility, including firm control of funding and of who is approved to work in the area and who is not.

Faculty members and Directors may sign as their own supervisor.