Hydrofluoric Acid (HF) CERTIFICATION OF TRAINING

	GREG CHMIEL	Date: 2014 -10 - 15
Name of person trained:	(please print - first name first)	
Duration of training:		hours
Classification: Undergraduat Graduate Stur Postdoctoral	dent Part Time Stall	Visiting Faculty✓ Visiting ResearcherOther
Supervisor: MARC CAPFEE		
Supervisor: (printed name - this can be your immediate supervisor)		
I certify that I have rec	eived and understand the following	training:
I have compI understandI understandI have read	the hazard assessments and SOPs for	nd the need for immediate medical treatment volving hydrofluoric acid in my work area r work with hydrofluoric acid in my area
CERTIFICATION: I certify that I has Signed TRAINEE:	ve received the training shown above, a	and understand how to safely use hydrofluoric acid
safely use hydi	est on of trainee performing tasks	

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