

PPE online exercise confirmation/certificationfor : Greg ChmielDated: 06-15-2009 Supervisor: Marc Caffee Department or program:

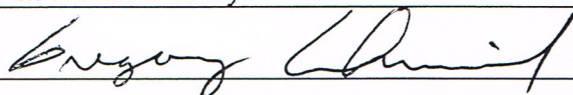
PRINT THIS PAGE. It may be helpful to drag the left border of this frame to the left in order to print only this page. (Browser and version dependent.) Online training is indicated for topic(s) marked with **X**. Add information in ink after printing *if you wish to document training from other sources* on this form. Supervisor must initial each such addition.

Chem/bio gloves	X		Dust Mask	X
Cryo gloves			Hearing protection	X
Lab coat	X		Impact eyewear	X
apron	X		Welding Shades	*
Other skin cover (clothes/shoes)	X		Face shield	X
Splash goggles	X		Oven mitt	
Laser eyewear				

Optional: list any other (non-online) PPE training, describe briefly	date of training	supervisor initials

*** If you checked welding shades but you do not weld, you have not followed the instructions. Please read and follow the instructions and re-submit the form.**


Your signature here affirms that you have read the training material completely, and that you will make a serious and careful effort to remain abreast of all relevant safety and health rules which affect your work and/or studies at the University.

signature: 

Requirements differ across departments as regards how safety training requirements are satisfied and where safety training records are stored. It is not a REM or University requirement that have training from REM. It is a Federal and State requirement, however, that all appropriate training and supervision be provided, and that safe work areas with adequate protective controls and PPE are provided. The work you do determines the nature and frequency of the training.

Every supervisor or dept administration should be able to quickly produce a training record for whatever hazardous work exists, wherever it exists.

Supervisor: You must affirm that the person named above has been trained in all PPE use relevant to the work he or she will be doing. Use table to the right, above, to document other training given. You also indicate there that you believe this person has demonstrated satisfactory competence and understanding of the principles and use of the PPE shown in the training record above. (This is not a guarantee that there will never be mistakes, and no liability is assumed by your signature that does not already exist. Demonstration of understanding and competence is required by law.)

supervisor (print name): M. W. Caffee
supervisor signature: 

Supervisor must be Faculty, or Center, Laboratory, or Facility Director, and in 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 unless they have a better idea.