

APPENDIX L

HCP-7

DTI CERTIFICATION

I acknowledge that I have received Hazard Communication Training. I have been informed about the labeling, MSDS, and training requirements of the law and the University's Hazard Communication Program.

EMPLOYEE NAME (PLEASE PRINT) Ken Mueller DATE 4/30/2012

JOB FUNCTION/TITLE Accelerator Engineer PHONE 49-45382

EMAIL ADDRESS kam@purdue.edu FAX _____

DEPARTMENT Physics WORK AREA PRIME Lab

DESIGNATED TRAINED INDIVIDUAL YES X NO _____

SUPERVISOR Marc Caffee

SIGNATURE 