**CHP1 confirmation/certification**

***PRINT, get signatures, copy (keep the original) and file copy/ies as directed by your group/department.***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Last Name, First Name | Mueller, Kenneth |  | date | 8/17/12 |
| Staff Class |  |  | Dept | Phys |
| Supervisor | Marc Caffee |  | Job title | Acc Eng |
| Bldg, room(s) | PRIME Lab |  | email | Kam@purdue.edu |

|  |  |  |
| --- | --- | --- |
| CompletedAndUnderstoodTrainingModule | | yes |
| InformedOfLabStandardContentsAndLocation | | yes |
| InformedOfCHPLocationAndAvailability | | yes |
| InformedOfSafetyInfoLocationAndAvailability | | yes |
| InformedOfExposureSignsAndSymptoms | | yes |
| InformedOfPELs | | yes |
| TrainedAboutMethodsAndObservationsToDetectRelease | | yes |
| TrainedAboutPhysicalAndHealthHazards | | yes |
| TrainedAboutProtectiveMeasures | | yes |
| TrainedAboutCHPDetails | | yes |
| UnderstandWhomToAskQuestions | | yes |
| CHP2 options (circle one) | * I have signed up for CHP2 on \_\_\_\_\_\_\_ (date) * I completed CHP2 or CHM 605 in \_\_\_\_\_\_ (year); this is refresher training * This requirement does not apply to me   (If you are CHM dept, it does) | |

|  |  |
| --- | --- |
| Signature | date \_8/17/12\_\_\_\_\_\_\_ |
| *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** | |
| Supervisor affirms that the person named above has demonstrated satisfactory competence and understanding of the principles and procedures of this training.  (Supervisor is not expected to 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) | Marc Caffee |
| Supervisor  signature |  |
| ***Supervisor must be Faculty, or Center/Laboratory/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.*** | |