

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 Mueller, Kenneth	date 12/7/2010	Department Physics	Job title Cheif Accelerator Engineer
Workroom(s) -- include bldg(s) PHYS B174, B174C, S171, S182, S-180, S188, S170, S153	email kam	Staff Classification A/P Staff	Supervisor Marc Caffee

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 affiliated with Dept of Chemistry.

Signature	date _____
<i>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.</i>	
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)	
Supervisor signature	
<i>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.</i>	

SUBMIT a signed copies to your dept/group as appropriate; requirements differ widely. Contact your safety committee or safety committee representative.

It is a Federal and State requirement that all staff receive all necessary and appropriate training to help minimize all work place hazards. The reading exercise certified here satisfies only a small part of OSHA requirements for safety training. Work-area specific chemical safety training and other training is required. REM offers a number of training classes to help with this, and sometimes it is only the work area supervisor(or someone else completely familiar with all of the local work area hazards) who can adequately provide training. For more detail see the [REM training page](#).