

## PRIME Lab SOP CERTIFICATION OF TRAINING

Name of person trained:

Marc Caffee

(please print - first name first)

Date:

8/10/20

Classification:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Undergraduate Student   | <input type="checkbox"/> Full time Staff    | <input type="checkbox"/> Visiting Faculty    |
| <input type="checkbox"/> Graduate Student        | <input type="checkbox"/> Part Time Staff    | <input type="checkbox"/> Visiting Researcher |
| <input type="checkbox"/> Postdoctoral Researcher | <input checked="" type="checkbox"/> Faculty | <input type="checkbox"/> Other _____         |

Supervisor:

\_\_\_\_\_  
(printed name - this can be your immediate supervisor)

I certify that I have read and understand the following SOPs related to my work.

### USE OF CHEMICALS

- ☒ Chemicals Stored Above Eye Level
- ☒ Concentrated Acid/Base
- ☒ Corrosives
- ☐ Cryogenics
- ☒ Flammable materials
- ☐ Pyrophoric/ Water Reactive
- ☒ Oxidizers
- ☒ Sensitizers
- ☒ Toxic materials
- ☒ HF
- ☐ Other \_\_\_\_\_
- ☐ Other \_\_\_\_\_
- ☐ Other \_\_\_\_\_

### USE OF EQUIPMENT

- ☐ Centrifuges
- ☒ Compressed Gasses
- ☐ Other \_\_\_\_\_
- ☐ Other \_\_\_\_\_
- ☐ Other \_\_\_\_\_

Signed TRAINEE:

MW Caffee

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