

PRIME Lab SOP CERTIFICATION OF TRAINING

Name of person trained: NAT LIFTON Date: 6-30-21
(please print - first name first)

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: ~~MARC CAFFE~~ MARC CAFFE
(printed name - this can be your immediate supervisor)

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

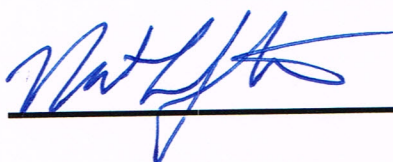
USE OF CHEMICALS

- ☒ 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:



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