PRIME Lab SOP CERTIFICATION OF TRAINING COVID-19 RESPONSE

| Name of person trainec Nathaniel Lifton | | Date: 6/22/2020 | |
|---|---|--|------------|
| (please print - first name first) | | | |
| Classification: | | | |
| Undergraduate Student | Full time Staff | Visiting Faculty | |
| Graduate Student | Part Time Staff | Visiting Researcher | |
| Postdoctoral Researcher | X Faculty | Other | |
| Supervisor: Marc Caffee | | | |
| (printed name - this should be your immediate supervisor) | | | |
| W. | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | , | |
| | | | |
| I certify that I have read the pre-read materials. | | | |
| https://protect.purdue.edu/app/uploads/202 | 20/05/COVID19-Research-Spa | ace-SOP-Background-Preread-May22_pdf_ADA. | <u>odf</u> |
| | | | |
| I certify that I have completed the COVID-19 online training https://www.purdue.edu/ehps/rem/worker/COVID-19%20Resources.html | | | |
| nttps://www.purdue.edu/enps/rem/worker/v | COVID-19%20Resources.ntm | 1 | |
| I certify that I have reviewed the C | OVID-19 risk matrix an | d have taken appropriate actions if hi | ah risk |
| <u> </u> | | /ulnerable-purdue-populations-of-serious-illness-f | • |
| | | | |
| I certified that I have reviewed and understood the Shared User Facility SOP and any equipment specific safety measures (sent in email from George) | | | |
| I certify that I have had the opportunity to discuss the SOP with responsible shared user facility personnel | | | |
| | | | |
| I agree to follow these requiremen | ts to the best of my ab | ility. | |
| 2/ H. | 114/1 | . | 0/00/0555 |
| Signed TRAINEE: | la. Eft | Date: | 6/22/2020 |
| Trainee phone number of email addr | ess: nlifton@purdue.ed | <u>u</u> | |

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