

## PRIME Lab SOP CERTIFICATION OF TRAINING

Name of person trained: \_\_\_\_\_

Roman Ezhov

Date: \_\_\_\_\_

08/07/2023

(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 checked="" type="checkbox"/> Postdoctoral Researcher | <input type="checkbox"/> Faculty         | <input type="checkbox"/> Other _____         |

Supervisor: \_\_\_\_\_

Marc Calfee

(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: \_\_\_\_\_

[Signature]

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