PERSONAL PROTECTIVE EQUIPMENT CERTIFICATION OF TRAINING

Name of person trained: Roman Ezhov Date: 8/24/23

Physics Dept, PRIME Lab Rooms: all

Classification:

- [ ] Undergraduate Student
- [ ] Graduate Student
- [x] Postdoctoral Researcher
- [ ] Full time Staff
- [ ] Part Time Staff
- [ ] Faculty
- [ ] Visiting Faculty
- [ ] Visiting Researcher
- [ ] Other ______

Supervisor: Marc Caffee

Person Administering Training: Ken Mueller

PPE Requirements for the tasks below are per the hazard certification for the room where the work is done

Note HF training is done on a form for HF training

- [x] Use of hazardous liquids and solids
- [x] Use of compressed gasses and sprays
- [x] Use of cryogenic liquids
- [x] Use of crane
- [ ] Use of knives or similar sharp instruments
- [ ] glassblowing
- [ ] Machining, grinding, drilling, etc.
- [ ] Welding, brazing, torch cutting
- [x] Working in loud environment
- [ ] soldering and working with hot objects
- [ ] UV emitting instruments
- [ ] Other ______

The trainee has demonstrated proficiency in the use of the following Personal Protective Equipment

Body Cover

- * [ ] Apron
- * [x] Lab coat
- [ ] Coveralls
- * [x] Hard hats
- [ ] Other ______

Hand Protection / gloves

- * [x] Chemical
- [ ] Heat
- * [x] Cryogenic
- [ ] Cut resistant
- [ ] Other ______

Eye Protection

- * [x] Impact - Safety Glasses / Goggles
- * [x] Splash - Safety Glasses / Goggles
- * [ ] Face Shield
- [ ] Glassblowing Glasses
- [ ] Welding Glasses / Helmet
- [ ] Laser Goggles
- [ ] Other ______

Other Protection

- * [x] Hearing protection
- [ ] Other ______
- [ ] Other ______

CERTIFICATE OF HAZARD ASSESSMENT REVIEW

- [x] Review of Certificate of Hazard Assessment has been completed with trainee

CERTIFICATION: I certify training was conducted in accordance with the provisions of the Purdue University Personal Protective Equipment Policy and that each affected employee has received and understood the training provided. I also certify that I was trained in the use of the certification of hazard assessment and understand that it is my responsibility to follow the minimum requirements posted for each task that I perform.

Signed TRAINEE: [signature] Signed TRAINER: [signature]

Signed SUPERVISOR: [signature]