

PRIME Lab SOP CERTIFICATION OF TRAINING

Name of person trained:

ZANE GILBERT

(please print - first name first)

Date:

11/5/19

Classification:

☐ Undergraduate Student

☐ Graduate Student

☐ Postdoctoral Researcher

☒ Full time Staff

☒ Part Time Staff

☐ Faculty

☐ Visiting Faculty

☐ Visiting Researcher

☐ Other _____

Supervisor:

GEORGE JACKSON

(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

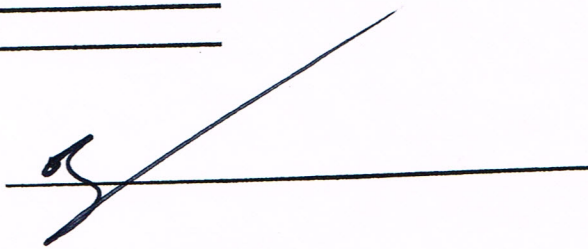
☒ Compressed Gasses

☐ Other _____

☐ Other _____

☐ Other _____

Signed TRAINEE:



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