

# PRIME Lab SOP CERTIFICATION OF TRAINING

Name of person trained: ZANE GILBERT Date: 9/27/2017  
(please print - first name first)

Classification:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Undergraduate Student   | <input checked="" 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 type="checkbox"/> Faculty                    | <input type="checkbox"/> Other _____         |

Supervisor: MARC CAFFEE  
(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.