PRIME Lab SOP CERTIFICATION OF TRAINING
COVID-19 RESPONSE

Name of person trained: ZANE GILBERT Date: 6/24/2020
(please print - first name first)

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 should be your immediate supervisor)

I certify that I have read the pre-read materials.

I certify that I have completed the COVID-19 online training

I certify that I have reviewed the COVID-19 risk matrix and have taken appropriate actions if high risk.

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 requirements to the best of my ability.

Signed TRAINEE: _____ Date: 6/24/2020

Trainee phone number of email address: gilbertz@purdue.edu

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