

# PERSONAL PROTECTIVE EQUIPMENT CERTIFICATION OF TRAINING

Name of person trained: Zane Gilbert

Date: 3/25/2014

Physics Dept, PRIME Lab Rooms: S-153, S-170, S-170B, S-171, S180, S-182, S-187, S-188

B-174, B-174C

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

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

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Use of hazardous liquids and solids        | <input type="checkbox"/> Machining, grinding, drilling, etc.               |
| <input checked="" type="checkbox"/> Use of compressed gasses and sprays        | <input type="checkbox"/> Welding, brazing, torch cutting                   |
| <input checked="" type="checkbox"/> Use of cryogenic liquids                   | <input checked="" type="checkbox"/> Working in loud environment            |
| <input checked="" type="checkbox"/> Use of crane                               | <input checked="" type="checkbox"/> soldering and working with hot objects |
| <input checked="" type="checkbox"/> Use of knives or similar sharp instruments | <input checked="" type="checkbox"/> UV emitting instruments                |
| <input type="checkbox"/> glassblowing  | <input type="checkbox"/> Other _____                                       |

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

- |   |   |
|---|---|
| <b>Body Cover</b>                                   | <b>Eye Protection</b>   |
| * <input checked="" type="checkbox"/> Apron         | * <input checked="" type="checkbox"/> Impact - Safety Glasses / Goggles |
| * <input checked="" type="checkbox"/> Lab coat      | * <input checked="" type="checkbox"/> Splash - Safety Glasses / Goggles |
| <input checked="" type="checkbox"/> Coveralls       | * <input checked="" type="checkbox"/> Face Shield                       |
| * <input checked="" type="checkbox"/> Hard hats     | <input type="checkbox"/> Glassblowing Glasses                           |
| <input type="checkbox"/> Other _____                | <input type="checkbox"/> Welding Glasses / Helmet                       |
|   | * <input checked="" type="checkbox"/> Laser Goggles                     |
|   | <input type="checkbox"/> Other _____                                    |
| <b>Hand Protection / gloves</b>                     | <b>Other Protection</b>   |
| * <input checked="" type="checkbox"/> Chemical      | * <input checked="" type="checkbox"/> Hearing protection                |
| * <input checked="" type="checkbox"/> Heat          | <input type="checkbox"/> Other _____                                    |
| * <input checked="" type="checkbox"/> Cryogenic     | <input type="checkbox"/> Other _____                                    |
| * <input checked="" type="checkbox"/> Cut resistant |   |
| <input type="checkbox"/> Other _____                |   |

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: \_\_\_\_\_

Signed TRAINER: \_\_\_\_\_

Signed SUPERVISOR: \_\_\_\_\_