

PRIME Lab SOP CERTIFICATION OF TRAINING

Name of person trained: Clarke DeLisle Date: 6/7/22
(please print - first name first)

Classification:

- | | | |
|--|--|--|
| <input type="checkbox"/> Undergraduate Student | <input type="checkbox"/> Full time Staff | <input type="checkbox"/> Visiting Faculty |
| <input checked="" 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: _____
(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:

Ce DeLisle

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