

PERSONAL PROTECTIVE EQUIPMENT CERTIFICATION OF TRAINING

Name of person trained: Chengpeng Hu Date: 08/26/15
 Physics Dept, PRIME Lab Rooms: B173, S153 S170 S170B S171 S180 S182
S188 B174 B174A B174C B184 B184A

Classification:

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

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 type="checkbox"/> soldering and working with hot objects |
| <input checked="" type="checkbox"/> Use of knives or similar sharp instruments | <input type="checkbox"/> UV emitting instruments |
| <input checked="" type="checkbox"/> glassblowing | <input type="checkbox"/> Other _____ |

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

- | | |
|---|---|
| Body Cover | Eye Protection |
| <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 checked="" type="checkbox"/> Glassblowing Glasses |
| <input type="checkbox"/> Other _____ | <input checked="" type="checkbox"/> Welding Glasses / Helmet |
| | <input checked="" type="checkbox"/> Laser Goggles |
| | <input type="checkbox"/> Other _____ |
| Hand Protection / gloves | Other Protection |
| <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: Chengpeng Hu

Signed TRAINER: [Signature]

Signed SUPERVISOR: [Signature]