

PPE online exercise confirmation/certification

for : Joseph J. Radler

Dated 7/20/2013 Supervisor: Joseph Radler Department or program: PRIME Lab; Dept. of Physics
PRINT THIS PAGE. It may be helpful to drag the left border of this frame to the left in order to print only this page. (Browser and version dependent.) Online training is indicated for topic(s) marked with X. Add in other printing if you wish to document training from other sources on this form. Supervisor must initial each such addition.

Chemical gloves	X	Dust Mask	X	Optional: list any other (non-online) PPE training, describe briefly
Cape gloves		Hearing protection	X	Physics PE Training (Simulators CAPPE)
Lab coat	X	Impact eyewear	X	
apron	X	Welding Shades		
Other skin cover (delicates/leaves)	X	Face shield	X	
Splash goggles	X	Oven mitt		
Laser eyewear		NO PPE Required?	same but "normal wardrobe" --	

*If you checked welding shades but you do not weld, you have not followed the instructions. Please read and follow the instructions and re-submit the form.

** "NO PPE Required" means no protective gear or gear is required for this work above or beyond customary expectations for standard wardrobe items indicated by cultural and professional not Your signature here affirms that you have read the training material completely, and that you will make a serious and careful effort to remain abreast of all relevant safety and health rules which affect your work at the University.

Signature: 

Requirements differ across departments as regards how safety training requirements are satisfied and where safety training records are stored. It is not a REM or University requirement that have training from REM. It is a Federal and State however, that all appropriate training and supervisor be provided, and that safe work areas with adequate protective controls and PPE are provided. The work you do determines the nature and frequency of the training.

Every supervisor or dept administration should be able to quickly produce a training record for whatever hazardous work exists, whenever it exists.

Supervisor: You must affirm that the person named above has been trained in all PPE use relevant to the work he or she will be doing. Use table to the right, above, to document other training given. You also indicate there that you believe this person satisfactory competence and understanding of the principles and use of the PPE shown in the training record above. (This is not a guarantee that there will never be mistakes, and due diligence is assumed by your signature that does not address, exist. D understanding and competence is required by law.)

Supervisor (print name): JOSEPH J. RADLER

Supervisor signature: 

Supervisor must be Faculty, or Deputy, Laboratory, or Facility Director, and in approved cases other technical or AP staff may sign for staff students working in an area for which the technician/AP staff member has full responsibility consent of funding and of who is approved to work in the area and who is not. Faculty members and Directors may sign as their own supervisor unless they have a better idea.