

# PERSONAL PROTECTIVE EQUIPMENT CERTIFICATION OF TRAINING

Name of person trained: Jessica J. Christian

Date: 12/31/15

Physics Dept, PRIME Lab Rooms: Biomed

## 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 / George Jackson

Person Administering Training George Jackson

## 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 type="checkbox"/> Working in loud environment            |
| <input type="checkbox"/> Use of crane                                   | <input type="checkbox"/> soldering and working with hot objects |
| <input type="checkbox"/> Use of knives or similar sharp instruments     | <input 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

### Body Cover

- ☒ Apron
- ☒ Lab coat
- ☐ Coveralls
- ☐ Hard hats
- ☐ Other \_\_\_\_\_

### Hand Protection / gloves

- ☒ Chemical
- ☒ Heat
- ☒ Cryogenic
- ☐ Cut resistant
- ☐ Other \_\_\_\_\_

### Eye Protection

- ☒ Impact - Safety Glasses / Goggles
- ☒ Splash - Safety Glasses / Goggles
- ☒ Face Shield
- ☐ Glassblowing Glasses
- ☐ Welding Glasses / Helmet
- ☐ Laser Goggles
- ☐ Other \_\_\_\_\_

### Other Protection

- ☒ Hearing protection
- ☐ Other \_\_\_\_\_
- ☐ 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: Jessica J. Christian

Signed TRAINER: George A. Jackson

Signed SUPERVISOR: Marc Caffee