## PRIME Lab SOP CERTIFICATION OF TRAINING

Name of person trained:	MUZIKAR Date: NOV. 17, 200
(please print - first name Classification:  Undergraduate Student	Il time Staff
☐ Graduate Student ☐ F ☐ Postdoctoral Researcher ➢ F	rt Time Staff Visiting Researcher
Supervisor: (printed name - this can be your imm	
I certify that I have read and understand the	
USE OF CHEMICALS	USE OF EQUIPMENT
Concentrated Acid/Base	Centrifuges
Corrosives	Compressed Gasses
Cryogens	Other
Flammable materials	Other
Pyrophoric/ Water Reactive	Other
Oxidizers	
E Sensitizers	
Toxic materials	
HF	
Other	
Other	
Other	
Signed TRAINEE: Part X	

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