

# Hydrofluoric Acid (HF) CERTIFICATION OF TRAINING

Name of person trained: Phylindia Gant Date: 10-24-18  
(please print - first name first)

Duration of training: \_\_\_\_\_ hours

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: Mark Caffee  
(printed name - this can be your immediate supervisor)

I certify that I have received and understand the following training:

- ☒ I have read and understood the appropriate hydrofluoric acid SDS or MSDS
- ☒ I have completed the web site training module for HF
- ☒ I understand the first aid treatment for exposure and the need for immediate medical treatment
- ☒ I understand the PPE requirements for all tasks involving hydrofluoric acid in my work area
- ☒ I have read the hazard assessments and SOPs for work with hydrofluoric acid in my area
- ☒ I understand that exposure to hydrofluoric acid is a life threatening event
- ☒ I certify that safe procedures for use of hydrofluoric acid have been demonstrated by my supervisor

CERTIFICATION:

I certify that I have received the training shown above, and understand how to safely use hydrofluoric acid

Signed TRAINEE: Phylindia Gant

I certify that the trainee has received the training indicated and has demonstrated his/her ability to safely use hydrofluoric acid

Training assessment has been accomplished by means of:

- ☒ A written test
- ☒ Observation of trainee performing tasks

Signed SUPERVISOR: Mark W Caffee

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