

PRIME Lab SOP CERTIFICATION OF TRAINING

Name of person trained:

Tom Clifton

(please print - first name first)

Date:

10/5/17

Classification:

- ☐ Undergraduate Student
☐ Graduate Student
☐ Postdoctoral Researcher

- ☒ Full time Staff
☐ Part Time Staff
☐ Faculty

- ☐ Visiting Faculty
☐ Visiting Researcher
☐ Other _____

Supervisor:

(printed name - this can be your immediate supervisor)

I certify that I have read and understand the following SOPs related to my work.

USE OF CHEMICALS

- ☒ Chemicals Stored Above Eye Level
☒ Concentrated Acid/Base
☒ Corrosives
☒ Cryogenics
☒ Flammable materials
☒ Pyrophoric/ Water Reactive
☒ Oxidizers
☒ Sensitizers
☒ Toxic materials
☒ HF
☐ Other _____
☐ Other _____
☐ Other _____

USE OF EQUIPMENT

- ☒ Centrifuges
☒ Compressed Gasses
☐ Other _____
☐ Other _____
☐ Other _____

Signed TRAINEE:

Tom Clifton

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