## PRIME Lab SOP CERTIFICATION OF TRAINING

Name of person trained:	on Date: 12/1/15
(please print - first name first)  Classification:  Undergraduate Student Graduate Student Part Time Staff Postdoctoral Researcher  Faculty  Supervisor:  (printed name - this can be your immediate supervisor)	<ul><li>✓ Visiting Faculty</li><li>f ✓ Visiting Researcher</li><li>✓ Other</li></ul>
I certify that I have read and understand the following SOPs related to my work.	
Concentrated Acid/Base Corrosives Cryogens Flammable materials V Pyrophoric/ Water Reactive Oxidizers Sensitizers Toxic materials HF Other Other Other Other	USE OF EQUIPMENT Centrifuges Compressed Gasses Other Other Other
Signed TRAINEE:	

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