

PRIME Lab SOP CERTIFICATION OF TRAINING COVID-19 RESPONSE

Name of person trained: Rasul Diop Date: 12/17/2020
(please print - first name first)

Classification:

- | | | |
|--|--|--|
| <input type="checkbox"/> Undergraduate Student | <input type="checkbox"/> Full time Staff | <input type="checkbox"/> Visiting Faculty |
| <input checked="" 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: Darryl Granger
(printed name - this should be your immediate supervisor)

I certify that I have read the pre-read materials.

https://protect.purdue.edu/app/uploads/2020/05/COVID19-Research-Space-SOP-Background-Preread-May22_pdf_ADA.pdf

I certify that I have completed the COVID-19 online training

<https://www.purdue.edu/ehps/rem/worker/COVID-19%20Resources.html>

I certify that I have reviewed the COVID-19 risk matrix and have taken appropriate actions if high risk.

<https://protect.purdue.edu/updates/plans-underway-to-protect-the-most-vulnerable-purdue-populations-of-serious-illness-from-covid-19/>

**I certified that I have reviewed and understood the Shared User Facility SOP
and any equipment specific safety measures
(sent in email from George)**

I certify that I have had the opportunity to discuss the SOP with responsible shared user facility personnel

I agree to follow these requirements to the best of my ability.

Signed TRAINEE: *Rasul Diop* Date: 12/17/2020

Trainee phone number of email address: adiop@purdue.edu 214-916-8366

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