

# PRIME Lab SOP CERTIFICATION OF TRAINING COVID-19 RESPONSE

Name of person trained: Adrian Singleton Date: July 27 2020  
(please print - first name first)

Classification:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Undergraduate Student   | <input 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: Nat Lifton & 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](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:  Date: July 27 2020

Trainee phone number of email address: (914)329-2685 Singlet8@purdue.edu

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