

# PRIME Lab SOP CERTIFICATION OF TRAINING

Name of person trained:

Avalin Senefeld

(please print - first name first)

Date:

1/13/22

Classification:

- |   |  |  |
|---|--|--|
| <input checked="" 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:

Tom Woodruff

(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
- ☒ Cryogens
- ☒ Flammable materials
- ☒ Pyrophoric/ Water Reactive
- ☐ Oxidizers
- ☐ Sensitizers
- ☒ Toxic materials
- ☐ HF
- ☐ 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.