

# PRIME Lab SOP CERTIFICATION OF TRAINING

Name of person trained: Brendon Quirk Date: 9/21/2021  
(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 checked="" type="checkbox"/> Postdoctoral Researcher | <input type="checkbox"/> Faculty         | <input type="checkbox"/> Other _____         |

Supervisor: Darryl Granger  
(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: 

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