

Hydrofluoric Acid (HF) CERTIFICATION OF TRAINING

Name of person trained: Brendon Quirk Date: 9/14/21
(please print - first name first)

Duration of training: 9 hours

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 checked="" 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 received and understand the following training:

- I have read and understood the appropriate hydrofluoric acid SDS or MSDS
- I have completed the web site training module for HF
- I understand the first aid treatment for exposure and the need for immediate medical treatment
- I understand the PPE requirements for all tasks involving hydrofluoric acid in my work area
- I have read the hazard assessments and SOPs for work with hydrofluoric acid in my area
- I understand that exposure to hydrofluoric acid is a life threatening event
- I certify that safe procedures for use of hydrofluoric acid have been demonstrated by my supervisor

CERTIFICATION:

I certify that I have received the training shown above, and understand how to safely use hydrofluoric acid

Signed TRAINEE: Brendon Quirk

I certify that the trainee has received the training indicated and has demonstrated his/her ability to safely use hydrofluoric acid

Training assessment has been accomplished by means of:

- A written test
- Observation of trainee performing tasks

Signed SUPERVISOR: 

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