

## PRIME Lab SOP CERTIFICATION OF TRAINING

Name of person trained:

Brady Conner  
(please print - first name first)

Date:

7/15/2019

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 Miller  
(printed name - this can be your immediate supervisor)

I certify that I have read and understand the following SOPs related to my work.

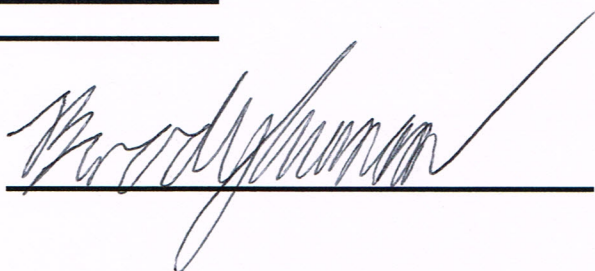
### USE OF CHEMICALS

- ☒ 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 Gases
- ☐ Other \_\_\_\_\_
- ☐ Other \_\_\_\_\_
- ☐ Other \_\_\_\_\_

Signed TRAINEE:



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