

PERSONAL PROTECTIVE EQUIPMENT CERTIFICATION OF TRAINING

Name of person trained: Ian Peterson

Date: 12/1/23

Physics Dept, PRIME Lab Rooms: all

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: Marc Caffee

Person Administering Training Ken Mueller

PPE Requirements for the tasks below are per the hazard certification for the room where the work is done

Note HF training is done on a form for HF training

- | | |
|---|---|
| <input checked="" type="checkbox"/> Use of hazardous liquids and solids | <input type="checkbox"/> Machining, grinding, drilling, etc. |
| <input checked="" type="checkbox"/> Use of compressed gasses and sprays | <input type="checkbox"/> Welding, brazing, torch cutting |
| <input checked="" type="checkbox"/> Use of cryogenic liquids | <input checked="" type="checkbox"/> Working in loud environment |
| <input checked="" type="checkbox"/> Use of crane | <input type="checkbox"/> soldering and working with hot objects |
| <input type="checkbox"/> Use of knives or similar sharp instruments | <input type="checkbox"/> UV emitting instruments |
| <input type="checkbox"/> glassblowing | <input type="checkbox"/> Other _____ |

The trainee has demonstrated proficiency in the use of the following Personal Protective Equipment

Body Cover

- * ☐ Apron
- * ☒ Lab coat
- ☐ Coveralls
- * ☒ Hard hats
- ☐ Other _____

Hand Protection / gloves

- * ☒ Chemical
- ☐ Heat
- * ☒ Cryogenic
- ☐ Cut resistant
- ☐ Other _____

Eye Protection

- * ☒ Impact - Safety Glasses / Goggles
- * ☒ Splash - Safety Glasses / Goggles
- * ☐ Face Shield
- ☐ Glassblowing Glasses
- ☐ Welding Glasses / Helmet
- ☐ Laser Goggles
- ☐ Other _____

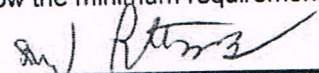
Other Protection

- * ☒ Hearing protection
- ☐ Other _____
- ☐ Other _____

CERTIFICATE OF HAZARD ASSESSMENT REVIEW

- ☒ Review of Certificate of Hazard Assessment has been completed with trainee

CERTIFICATION: I certify training was conducted in accordance with the provisions of the Purdue University Personal Protective Equipment Policy and that each affected employee has received and understood the training provided. I also certify that I was trained in the use of the certification of hazard assessment and understand that it is my responsibility to follow the minimum requirements posted for each task that I perform.

Signed TRAINEE: 

Signed TRAINER: 

Signed SUPERVISOR: 