## Hydrofluoric Acid (HF) CERTIFICATION OF TRAINING

Name of person trained:	Jose Alejandro Osorio Jaimes		Date: 2/16/2023
	(please print - first name first)		
Duration of training: 1		hours	
Classification:			
☐ Undergraduate Student ☐ Full time Staff		☐ Visiting Faculty	
Graduate Stud		▼ Visiting Researcher	
Postdoctoral R	esearcher	Other	THE REPORT OF THE PROPERTY OF
Supervisor: Darryl G	Granger		
(printed name - this can be your immediate supervisor)			
I certify that I have received and understand the following training:			
V I have read an	d understood the appropriate hydroflus	oric acid SDS or MSDS	
<ul><li>X I have read and understood the appropriate hydrofluoric acid SDS or MSDS</li><li>X I have completed the web site training module for HF</li></ul>			
X I understand the first aid treatment for exposure and the need for immediate medical treatment			
X   understand the PPE requirements for all tasks involving hydrofluoric acid in my work area			
X I have read the hazard assessments and SOPs for work with hydrofluoric acid in my area			
X I understand that exposure to hydrofluoric acid is a life threatening event			
X I certify that safe procedures for use of hydrofluoric acid have been demonstrated by my supervisor			
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CERTIFICATION:			
I certify that I have received the training shown above, and understand how to safely use hydrofluoric acid			
10 0			
Signed TRAINEE: Alyandro Osorio			
Signed TRAINEE:			
Least to the their training has reasily and the training indicated and has demonstrated his/her ability to			
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			
Cinnad CUREDVISOR:			
Signed SUPERVISOR:			
	0/		

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