

## PERSONAL PROTECTIVE EQUIPMENT CERTIFICATION OF TRAINING

Name of person trained: Jose Alejandro Osorio Jaimes

Date: 2/17/2023

Physics Dept, PRIME Lab Rooms: \_\_\_\_\_

### 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 type="checkbox"/> Postdoctoral Researcher | <input type="checkbox"/> Faculty         | <input type="checkbox"/> Other _____                    |

Supervisor: Marc Caffee

Person Administering Training \_\_\_\_\_

### 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 type="checkbox"/> Use of cryogenic liquids                       | <input type="checkbox"/> Working in loud environment            |
| <input 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: \_\_\_\_\_