

# PERSONAL PROTECTIVE EQUIPMENT CERTIFICATION OF TRAINING

Name of person trained: LAN LVO

Date: 12/05/2017

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 type="checkbox"/> Use of compressed gasses and sprays            | <input type="checkbox"/> Welding, brazing, torch cutting        |
| <input type="checkbox"/> Use of cryogenic liquids                       | <input checked="" 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

- |  |   |
|--|---|
| <b>Body Cover</b>                            | <b>Eye Protection</b>   |
| <input checked="" type="checkbox"/> Apron    | <input checked="" type="checkbox"/> Impact - Safety Glasses / Goggles |
| <input checked="" type="checkbox"/> Lab coat | <input checked="" type="checkbox"/> Splash - Safety Glasses / Goggles |
| <input type="checkbox"/> Coveralls           | <input checked="" type="checkbox"/> Face Shield                       |
| <input type="checkbox"/> Hard hats           | <input type="checkbox"/> Glassblowing Glasses                         |
| <input type="checkbox"/> Other _____         | <input type="checkbox"/> Welding Glasses / Helmet                     |
|  | <input type="checkbox"/> Laser Goggles                                |
|  | <input type="checkbox"/> Other _____                                  |
| <b>Hand Protection / gloves</b>              | <b>Other Protection</b>   |
| <input checked="" type="checkbox"/> Chemical | <input checked="" type="checkbox"/> Hearing protection                |
| <input checked="" type="checkbox"/> Heat     | <input type="checkbox"/> Other _____                                  |
| <input type="checkbox"/> Cryogenic           | <input type="checkbox"/> Other _____                                  |
| <input type="checkbox"/> Cut resistant       |   |
| <input type="checkbox"/> Other _____         |   |

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: [Signature]

Signed TRAINER: Tom [Signature]

Signed SUPERVISOR: [Signature]