

## PRIME Lab SOP CERTIFICATION OF TRAINING

Name of person trained: Moshammat Mijjum Date: 08/10/2023  
(please print - first name first)

Classification:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Undergraduate Student       | <input type="checkbox"/> Full time Staff | <input type="checkbox"/> Visiting Faculty    |
| <input checked="" 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: Marissa Tremblay  
(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 Gasses
- ☐ Other \_\_\_\_\_
- ☐ Other \_\_\_\_\_
- ☐ Other \_\_\_\_\_

Signed TRAINEE:



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