

PERSONAL PROTECTIVE EQUIPMENT CERTIFICATION OF TRAINING

10/14/22
Date: ~~01/12/22~~

Name of person trained: MOHAMMAD MIJJUM

Physics Dept, PRIME Lab Rooms: B174, B174A, B174C

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: Marc Caffee

Person Administering Training Tom Clinton

PPE Requirements for the tasks below are per the hazard certification for the room where the w

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 |
| <input checked="" type="checkbox"/> Use of compressed gasses and sprays | <input type="checkbox"/> Welding, brazing, torch cutt |
| <input type="checkbox"/> Use of cryogenic liquids | <input type="checkbox"/> Working in loud environmer |
| <input type="checkbox"/> Use of crane | <input type="checkbox"/> soldering and working with |
| <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 / C
- Splash - Safety Glasses / C
- 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 U Personal Protective Equipment Policy and that each affected employee has received and understood provided. I also certify that I was trained in the use of the certification of hazard assessment and un provided. It is my responsibility to follow the minimum requirements posted for each task that I perform.

Signed TRAINEE: Tom Clinton

Signed TRAINER: [Signature]

Signed SUPERVISOR: Marc Caffee