PRIME Lab SOP CERTIFICATION OF TRAINING

Name of person trained: (please print - fire	-hony Back st name first)		Date: 11/23/15
Classification: Undergraduate Student Graduate Student Postdoctoral Researcher Supervisor: (printed name - this can be	Full time Staff Part Time Staff Faculty your immediate supervisor)	✓ Visiting Faculty✓ Visiting Researcher✓ Other	
I certify that I have read and understa	nd the following SOPs r	elated to my work.	
Concentrated Acid/Base Corrosives Cryogens Flammable materials Pyrophoric/ Water Reactive Oxidizers Sensitizers Toxic materials HF Other Other Other Other	USE	Centrifuges Compressed Gasses Other Other Other	
Signed TRAINEE:	Many Bank		

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