

# NDSU HYDROFLUORIC ACID PRINCIPAL INVESTIGATOR/USER RESPONSIBILITY AND DATA

This form must be completed by the Principal Investigator (PI) and the designated hydrofluoric acid (HF) user before any HF usage and must be updated annually.

PI	USER	HF PROGRAM REQUIREMENTS
		I HAVE COMPLETED THE TRAINING REQUIRED TO USE HYDROFLUORIC ACID
		I MUST FOLLOW THE WRITTEN STANDARD OPERATING PROCEDURE FOR THE USE OF HYDROFLUORIC ACID
		I UNDERSTAND THE REQUIREMENTS FOR THE USE OF PERSONAL PROTECTIVE EQUIPMENT FOR HYDROFLUORIC ACID USE
		I UNDERSTAND THAT I MUST HAVE THE PROPER EXPOSURE KIT(S) IN MY LABORATORY AND THAT THEY MUST BE MAINTAINED.
		I UNDERSTAND THAT ONCE THE KIT IS IN MY LABORATORY I CAN NOT ALLOW ANYONE TO USE HF OR THE CONTENTS OF THE KIT WITHOUT PARTICIPATING IN THE HF TRAINING
		I AM AWARE OF THE LOCATION OF THE EXPOSURE KIT (S)
		I AM AWARE OF THE PROCEDURES FOR THE USE OF FIRST AID SUPPLIES USED FOR HYDROFLUORIC ACID EXPOSURE TO THE SKIN
		I UNDERSTAND THAT IF AN EXPOSURE OCCURS MEDICAL ATTENTION MUST BE SOUGHT IMMEDIATELY
		I UNDERSTAND THAT IF AN EXPOSURE OCCURS I MUST NOTIFY OSEH IMMEDIATELY
		I UNDERSTAND THAT A REPRESENTATIVE FROM OSEH MAY AUDIT MY LAB AT ANY TIME.
		I CERTIFY THAT I AM FAMILIAR WITH ALL OF THE HF PROGRAM REQUIREMENTS.

DATE:

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PRINCIPAL INVESTIGATOR SIGNATURE: \_\_\_\_\_

HF USER SIGNATURE: \_\_\_\_\_

## HF USER INFORMATION

FIRST NAME \_\_\_\_\_

LAST NAME \_\_\_\_\_

PHONE # \_\_\_\_\_

EMAIL \_\_\_\_\_

DEPARTMENT \_\_\_\_\_

PI \_\_\_\_\_

USE LOCATION OF HF \_\_\_\_\_