



Standard Operating Procedure

HF Use in the PNF

Addendum – HF User Authorization Form

SOP is not complete until it has been filled out, signed, and dated by the PI and relevant lab personnel.

Lab specific information

Department	IME
Principal Investigator	Peter Duda
Office Phone	28903
Locations covered by this SOP	ERC LL170
Date SOP was written	3/17/2016
Date SOP was approved by PI	3/17/2016

Scope of the SOP

This form must be completed by the designated hydrofluoric acid user before any Hydrofluoric Acid usage and must be updated annually.

User's Initials	Hydrofluoric Acid Program Requirements
	I have attended the training required to use hydrofluoric acid.
	I have read and understand that 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 am aware of the location of the spill/exposure kit(s).
	I am aware of the procedures for the use of first aid supplies used for hydrofluoric acid exposures.



	I understand that if an exposure occurs medical attention must be sought immediately.
	I understand that if an exposure occurs I must notify staff and EHS as soon as it is safe to do so.
	I understand that I must notify PNF Staff if the spill/exposure kit becomes damaged or lost.
	I certify that I am familiar with all of the hydrofluoric acid program requirements as indicated above for my respective designation.

Date: _____

User Signature: _____

User PI's Signature: _____

Hydrofluoric Acid User Information (Please Type or Print Legible)

Name:	
Phone #:	Email:
Department:	
PI:	
Use Location of HF: Pritzker Nanofabrication Facility	