

**APPENDIX C1**

**MPRL  
EQUIPMENT/METHODS TRAINING ASSESSMENT**

Return to D.L. McDowell, 4105 MRDC, GWW School of Mechanical Engineering, MC 0405  
e-mail: david.mcdowell@me.gatech.edu

Intent: This form intends to reflect certification of a student or visitor to safely and correctly set-up and operate a specific test on a specific, designated equipment item (or set of such items) within the MPRL, based on training received by another certified training instructor.

Name of Training Instructor: \_\_\_\_\_  
Date: \_\_\_\_\_  
Trainee: \_\_\_\_\_  
Equipment description and location: \_\_\_\_\_

Check specific items below covered in training session:

**Mandatory:**

General safety issues within workspace and surrounding laboratory \_\_\_\_\_  
Principles of machine control and operation \_\_\_\_\_  
"Emergency" condition responses, decisions, limit switches, etc. \_\_\_\_\_

**As appropriate to system:**

Principles of servohydraulics and stroke, load, strain control modes \_\_\_\_\_  
Principles of induction heating \_\_\_\_\_  
Principles of transducers \_\_\_\_\_  
Recording devices (hard copy or other) \_\_\_\_\_  
Grips, specimen insertion/removal \_\_\_\_\_  
Furnace, induction heating, temperature measurement (if applicable) \_\_\_\_\_  
Principles of SEM operation \_\_\_\_\_  
Principles of optical microscopy/image analysis and specimen preparation \_\_\_\_\_

I hereby certify that the above named student/visitor has received necessary training to properly and safely conduct proposed experiments on the above named system, and is aware of various Environmental Safety and Health issues pertaining to this workspace.

Signature of Training Instructor: \_\_\_\_\_ Date: \_\_\_\_\_

**APPENDIX C2**

**MPRL ENVIRONMENTAL HEALTH AND SAFETY CERTIFICATION**

Return to D.L. McDowell, 4105 MRDC, GWW School of Mechanical Engineering, MC 0405  
e-mail: david.mcdowell@me.gatech.edu

Intent: This form intends to reflect certification that a student or approved visitor to a MPRL workspace understands EHS issues and proper precautions/responses to various existing and potential hazards, based on training received by a qualified MPRL laboratory technician or research equipment specialist.

Name: \_\_\_\_\_  
Briefed by Rick Brown: \_\_\_\_\_ or Robert Cooper: \_\_\_\_\_  
Specific MPRL workspace area: \_\_\_\_\_  
Date: \_\_\_\_\_

I certify that I have been provided EHS information vital to understanding safety issues in this workspace, both for researchers in the workspace as well as visitors to the workspace, and have had any questions related to contacts regarding questions/concerns, as well as answering any questions answered by the individual who gave the briefing.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I certify that I have provided EHS information vital to understanding safety issues in this workspace, both for researchers in the workspace as well as visitors to the workspace, and have answered any questions related to contacts regarding questions/concerns, as well as answering any questions offered by this individual.

Signature of Briefing Technician/RES: \_\_\_\_\_