



## HYDROFLUORIC ACID USER AUTHORIZATION FORM

This form must be completed by the Principal Investigator (PI) and 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 DOHS immediately.
	I understand that once the kit is in my laboratory I can not allow anyone to use hydrofluoric acid or the contents of the kit without participating in the hydrofluoric acid training.
	I understand that I must notify the Department of Occupational Health And Safety (DOHS) if the spill/exposure kit becomes damaged or lost.
	I understand that I am responsible for inspecting the hydrofluoric acid spill/exposure kit monthly.
	I understand that a member of the safety committee, the departmental chemical hygiene officer or a representative from DOHS may audit my lab against established procedures.
	I certify that I am familiar with all of the hydrofluoric acid program requirements as indicated above for my respective designation.

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

User Signature: \_\_\_\_\_ Principal Investigator Signature: \_\_\_\_\_

### Hydrofluoric Acid User Information (Please Type or Print Legible)

Name:	
Phone #:	Email:
Department:	
PI:	
Use Location of HF:	

**Please send in Campus Mail to: Kevin Eichinger, Department of Occupational Health and Safety**