**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.

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| **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 DEHS 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 Environmental Health And Safety (DEHS) 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 DEHS 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: |  | | |