

## 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 or consulted with the EH&S office about my use of HF.
	I have read and understand that I must follow the written standard operating procedure for the use of hydrofluoric acid familiar with the MSDS/SDS on HF.
	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 the EH&S office to report the incident.
	I understand that I can not allow anyone to use hydrofluoric acid or the contents of the spill/exposure kit without participating in the hydrofluoric acid training.
	I understand that I must notify the EH&S office 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 the chemical hygiene officer or a representative from the EH&S office 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 Print Legible)

Name:	
Phone #:	Email:
Department:	Building:
PI:	
Room # (Location of HF use):	

Send completed form by campus mail to: **Env. Health & Safety Office, Spong Hall suite 203**  
or fax to **683-6025**