

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.

	t 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