



UTSI Hydrofluoric Acid (HF) Safety Program

Hydrofluoric Acid (HF) is one of the most dangerous acids known and exposure can lead to severe injury or death. As HF affects the body differently from other acids, exposure may not be realized until permanent damage has already been done. In an effort to educate personnel in safe handling procedures for HF, The University of Tennessee Space Institute (UTSI) requires all personnel that use or may come into contact with HF, to complete safety training prior to using the chemical in any manner. Documentation of this training will be kept on file with the UTSI Safety Office. The training will be delivered as a self directed presentation developed and utilized by The University of Tennessee Knoxville Environmental, Safety and Health Office. After reading the course materials, please sign and date below, then turn in to the UTSI Safety Office.

By taking this training, you understand and agree to the following:

1. I have read through and understand the University of Tennessee Hydrofluoric Acid (HF) Safety Program.
2. I agree to abide by the criteria set forth in the University of Tennessee Hydrofluoric Acid Safety Program at all times when working with HF.
3. I understand that any questions or concerns I have should be addressed with the Chemical Hygiene Officer or other pertinent personnel and resolved prior to handling/use of HF.
4. I agree that I will not work with HF at any time when alone.
5. I have been instructed in Hazard Communication (Right to Know) as well as Material Safety Data Sheets (MSDS).
6. I have been shown where the MSDS and Chemical Hygiene Plan are located for my area.
7. I have been shown where the HF Spill Response kit, first aid kit and emergency wash stations are located.
8. I have been instructed in the use of Calcium Gluconate in the event of dermal (skin) contact with HF.
9. I have been instructed in the use of Personal Protective Equipment (PPE) for handling HF and have ready access to it and will immediately report any damaged, missing or otherwise unusable PPE to my supervisor.
10. I have been instructed in spill procedures concerning HF and agree to report any spills to my supervisor and the UTSI Safety Office immediately.
11. I will report ANY exposure to HF including dermal, inhalation and ingestion IMMEDIATELY to my supervisor AND the UTSI Safety Office.
12. I understand that I am responsible for the HF signed out in my name including chain of custody, housekeeping, disposal and storage.

Signature _____

Date _____

Print _____

CHO _____

Date _____

Print _____

Safety Rep _____

Date _____

Print _____