Stanford University Shop Safety Program – Attachment 3
Academic Shop / Makerspace - Space Designation / MOU / Safety Contact Identification

**Purpose**: This form documents the designation of physical space for Academic Shop and Maker-Space work processes. It identifies key personnel and information about the space to ensure safety of occupants. It may be applied when the activities conducted in the space fall under the scope of the Shop Safety Program. It may also be used as an MOU between a Faculty Member (as their approval for space use) and a Student Organization’s use of space under their oversight. It also identifies the Shop Manager as the contact-person for EH&S and the Shop Safety Committee. This form must be adopted, then updated when operations / personnel / facilities change, or annually for any Student Organization. All updates must be copied to EH&S for every academic shop and/or maker space on SU property.

**SHOP NAME**: ___________________________________________ **APPROX. SQ. FT.**: ________________

**BUILDING NAME**: ___________________________________________ **ROOM #'s**: ___________________________________________

**OUTDOOR SPACE?**    ☐ NO  ☐ YES – WHERE / SIZE? ___________________________________________

**IS SHOP OPERATED BY A STUDENT ORGANIZATION?** (Note: Faculty Advisor must complete annually.)

☐ NO  ☐ YES – **NAME/CONTACT OF FACULTY ADVISOR**: ___________________________________________

**FACULTY ADVISOR EMAIL / PHONE**: ______________________ / _______________________

**ACCESS / USE OF THE SPACE IS GRANTED FOR HOW LONG?** (Up to 1 year allowed.) ___________

**RISK ASSESSMENT OF HAZARDOUS PROCESSES / EQUIPMENT**: ( ☑ ) Check AND circle all that apply):

☐ Risk assessment submitted previously (date) ___________, and nothing’s changed. (Go to page 2)

Consider all planned and possible work activities that may be conducted in the space based upon the following list of Shop / Makerspace work processes.

☐ **Metal working** including sheet metal forming, machining, grinding, riveting, cutting, threading, casting, forging, heat-treating, quenching, welding, brazing, soldering, 3D Printing, sputtering, etc...

☐ **Carpentry and woodworking** including cutting, drilling, sanding, carving, routing, grinding, plaining, gluing, bonding, fastening, etc...

☐ **Surface modification and coating** including sandblasting, painting, surface preparation, laminating, burning, etching, masking, etc....

☐ **Glass work** including glass blowing, glazing, annealing, tempering, bonding, grinding, drilling, hot-work with glass materials, etc...

☐ **Electrical / electronic** work including equipment building, circuit design / building, wiring, control system building/repair, soldering, etc.

☐ **Plastics and Fabrics** work including machining, bending, burning, bonding, extruding, cutting, drilling, gluing, melting, forming, sewing, stitching, 3D Printing, etc...

☐ **Concrete / Rebar** work including form-building, rebar cutting, concrete mixing / pouring, destructive testing, etc..

☐ **Equipment Development / Model Building** work including model building, hydraulics building / use, compressed air use, equipment building, research equipment repairs / maintenance, etc...

☐ **Other Processes Not Listed**: ___________________________________________

**COMPLETED BY**: ______________________________  **DATE**: ______________________________

**EMAIL / PHONE CONTACT**: ______________________________  / ______________________________

MINOR SHOP PROCESS - EXEMPTION FROM THE SHOP SAFETY PROGRAM:

Many labs / student-use spaces have lower hazard shop processes (e.g. only hand tool, small hand-held power tools only, table-top 3-D plastic printer, etc.) that are ancillary to primary work activities of the space. For such locations, full enrollment in the Shop Safety Program is voluntary. Owner/managers of such spaces must still designate a “safety coordinator” for the Shop Safety Committee (SSC) to communicate with, but may opt-out of sending a representative from the work area to SSC meetings.

IS THIS SPACE EXEMPTED FROM THE SHOP SAFETY PROGRAM, BASED ON THE ABOVE CRITERIA?

☐ NO - THIS IS A SHOP / MAKERSPACE – (skip down to “FOR SPACES THAT ARE SHOPS” below)
☐ YES – NAME OF SAFETY COORDINATOR FOR SPACE: _______________________________________

SAFETY COORDINATOR EMAIL / PHONE: __________________ / ________________[END]

FOR SPACES THAT ARE SHOPS / MAKERSPACES:

SHOP MANAGER NAME: _____________________________ TITLE: ______________________________
SHOP MANAGER CONTACT PHONE / EMAIL: ________________________ / _____________________
SHOP MANAGER IS: ☐ FACULTY ☐ STAFF ☐ STUDENT
MANAGER’S AUTHORITY DELEGATED BY: __________________________ TITLE: ___________________

TYPE OF SHOP: (Check all that apply)
 ☐ Permanent Student Shop
 ☐ Permanent Professional Shop
 ☐ Temporary Shop / Student Org. Shop → Space Use Privileges Expire (date) _____________
 ☐ Temporary Field / Research Shop → Planned Use - End Date: ___________________________

RESTRICTED AREA DEMARCATED BY (Check all that apply):
 ☐ Gate or Movable Barrier
 ☐ Floor Paint / Floor Striping
 ☐ Fence or Immovable Barrier
 ☐ Personnel on watch restricting access
 ☐ Orange cones / Temporary Barrier
 ☐ Signage
 ☐ Other (describe):

SHOP ACCESS TO AUTHORIZED PERSONS ONLY - RESTRICTED BY (Check all that apply):
 ☐ Locked Door(s) with key
 ☐ Inside a larger controlled space
 ☐ Electronic ID Access Control (24 hour)
 ☐ Gate – With / Without latch
 ☐ Personnel on watch restricting access
 ☐ Signage
 ☐ Other (describe):

WILL THE SHOP MANAGER BE THE SHOP’S REPRESENTATIVE ON THE SHOP SAFETY COMMITTEE (SSC)?

☐ YES ☐ NO – NAME OF SSC REP FOR SHOP: ______________________________________________

SSC REP EMAIL / PHONE: __________________ / __________________________
COMPLETED BY: __________________________ DATE: __________________________

EMAIL / PHONE CONTACT: __________________ / __________________________