

**SITE-SPECIFIC SHOP MACHINERY  
SAFETY TRAINING DOCUMENTATION FORM**

<b>Building:</b>	<b>Room #:</b>
<b>PI/Shop Supervisor:</b>	<b>Date:</b>

I have read and understood:

- [SU SAFE OPERATION OF SHOP MACHINERY](#)
- LOCAL SHOP RULES
- SHOP-DEVELOPED SAFETY PROCEDURES OR MANUFACTURER’S INSTRUCTION MANUALS FOR THE FOLLOWING MACHINERY/TOOLS: \_\_\_\_\_  
\_\_\_\_\_
- OTHER: \_\_\_\_\_

I also understand that:

1. Only trained and authorized personnel shall use shop machinery and tools.
2. When I am using shop machinery and tools, at least one other authorized person is to be present in the shop.
  - *If I plan to work alone, after hours, or on the weekend in the shop, I must obtain approval from the Shop Supervisor and my Principal Investigator/Supervisor.*
  - *This approval must be documented and indicate the equipment to be used, location of equipment, and date of use.*
3. Failure to strictly adhere to SU’s Safe Operation of Shop Machinery may result in loss of access to the shop, reduced grade in class, and/or other disciplinary action.
4. Other local requirements: \_\_\_\_\_

<b>Student/Staff:</b>	<b>Student/Staff Signature:</b>
<b>Trainer’s Name:</b>	<b>Training Date:</b>
<b>Supervisor’s Signature:</b>	

NOTE TO SUPERVISOR: For personnel who are not routine users of shop machinery/tools, strongly recommend reviewing the above safety information with them annually.