User Shop Authorization Certification Form

Building ___________________ Room/Column # ______________________

After reading the “User Shop Orientation,” the undersigned certifies that: 1) he/she understands and will comply with the requirements and regulations either stated or referenced therein; and 2) he/she is competent to operate the following machines:

<table>
<thead>
<tr>
<th>Machine</th>
<th>Yrs. Experience</th>
<th>Last time used</th>
<th>Machine</th>
<th>Yrs. Experience</th>
<th>Last time used</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lathe</td>
<td></td>
<td>Band Saw</td>
<td>Mill</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mill</td>
<td></td>
<td></td>
<td>Drill Press</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drill Press</td>
<td></td>
<td></td>
<td>Grinder</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sander</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Signature: ______________________________ Date: ______________________
Print Name: _____________________________ Badge #: ______________________

To be completed by the Shop Coordinator:
NOTE: Orientation expires after 2 years.
User Shop Orientation completed on ___________________.
Shop Access only___ Authorized to machine lead____
Machine Shop Certification required for the following machines:

__ Lathe __ Mill __ Drill Press __ Other: __ Other: __ Other: __
__ Grinder __ Sander __ Band Saw __ Other: __ Other: __ Other: __

Shop Coordinator Signature: ________________________ Date: _________________
Print Name: ______________________________________

To be completed by the Machine Shop Certifier:
NOTE: Certification expires after 2 years.

General Safety Written Test Passed / Not Passed Date:
Lathe Passed / Not Passed Date:
Mill Passed / Not Passed Date:
Drill Press Passed / Not Passed Date:
Grinder Passed / Not Passed Date:
Sander Passed / Not Passed Date:
Band Saw Passed / Not Passed Date:
Other: Passed / Not Passed Date:
Other: Passed / Not Passed Date:
Other: Passed / Not Passed Date:

Machine Shop Certifier Signature_____________________________Date: _________________
Print Name: ______________________________________

Please return this page only to the sector Shop Coordinator