

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:

	Yrs. Experience	Last time used		Yrs. Experience	Last time used
Lathe			Band Saw		
Mill					
Drill Press					
Grinder					
Sander					

Signature: _____ Date: _____

Print Name: _____ Badge #: _____

To be completed by the Shop Coordinator: NOTE: Orientation expires after 3 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: _____
 Grinder Sander Band Saw Other: _____ Other: _____

Shop Coordinator Signature: _____ Date: _____

Print Name: _____

To be completed by the Machine Shop Certifier: NOTE: Certification expires after 3 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