

CAED Safety Training Certification Form

This signature form is to certify that I have received a copy of, or electronic access to, the CAED Shop and Laboratory Space Policies and Procedures Information. I have read it, understand it, and I hereby agree to abide by all of the instructions and advisories provided therein.

I understand that my unsafe acts can endanger my safety as well as the safety of others. I shall conduct myself in a safe manner at all times. I agree that any CAED user is authorized to instruct me to perform safely whenever deemed necessary.

I shall immediately report any unsafe conditions that I encounter in the course of my work, to the CAED technical staff, the CAED shop manager, my supervising faculty member, or some combination thereof.

I am aware that this certificate will be placed in my department office electronically or otherwise for at least three years, that it allows me to work in CAED, and that I am obligated to abide by and support all of the safety rules and regulations of the CAED shop and laboratory spaces.

Course/ Quarter	 	
Faculty Supervisor: (if applicable)	 	
Date:		



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