

SAFETY CERTIFICATION

Student Name: _____

Course Code: _____

Equipment	Participated in Teacher Safety Lesson, and Demonstration		Successful Completion of Written and/or Oral Assessment		Demonstrated Safe Set-up and Operation of Equipment to Teacher		Certification Approval	
	Date	Teacher Initial	Date	Teacher Initial	Date	Teacher Initial	Date	Teacher Initial
Drill Press								
Bandsaw								
Sanders								
Portable Drills								
Dremel Tools								
Hand Saws								
Hand Tools								
Power Tools								