

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
General Safety								
Circular Saw								
Mitre Saw								
Power Tools								
Hand Tools								