IOWA STATE UNIVERSITY
OF SCIENCE AND TECHNOLOGY

Environmental Health and Safety
2408 Wanda Daley Drive
Ames, Iowa 50011-3602
Phone: (515) 294-5359
www.ehs.iastate.edu

Shop/Tool Use Safety Agreement

All shop users must complete and sign this form. Shop Supervisors are to keep this form on file.

Name (print)		Net ID#	Date
Email Address			
Faculty/Shop Supervisor		Department	
□ **Undergraduate**	Class	College	Major
□ **Graduate Student**	Year entered ISU Grad School	□ **Postdoc**	□ **Faculty or Staff Member**

I have read the shop safety rules and understand them as they apply to my work in the shop/lab areas. Specifically:

1. I agree to abide by the published and posted safety rules and accept personal responsibility for my work in shops and laboratories. I will abide by any and all additional local shop rules. I understand that my failure to do so can result in my loss of privileges in the shop/lab areas.
2. I understand the shop/lab access rules, monitor/supervision requirements, and hours, I understand that the shop may be subject to video monitoring.
3. I will wear safety glasses at all times while in the shop, unless otherwise designated.
4. I understand what attire is required to work in the shop and will not enter the shop unless so attired.
5. After use, I will clean and maintain all equipment, floors and benches I use.
6. I will not use any machine, tool or equipment for which I do not have proper training or permission to use I will ask for instruction and/or training before using any machine, tool or equipment with which I am not familiar.
7. I will check in with the supervisor or monitor upon entering or leaving the shop, and prior to operating any machinery.
8. Any equipment or tooling I find in need of repair or that I damage, I will promptly notify the supervisor or monitor.

Certification: I understand that it is a privilege and learning opportunity to use the shop/lab areas and agree to abide by all university regulations and stipulations placed upon me as conditions for working in these areas.

Signed	Date
Shop Supervisor	Date