

ACKNOWLEDGEMENT OF LAB SAFETY POLICIES AND PROCEDURES

***Department of Mechanical Engineering, Mechatronic Engineering, and Manufacturing Technology
California State University, Chico***

1. I received safety training from on the use of
Name of faculty or staff trainer

on
Lab room numbers *Date of training*

2. I have read and understand the Department's Lab Safety Policies and Procedures.
3. I agree to comply with the policies and procedures in the Department's Lab Safety Policies and Procedures document as well as those discussed during the training session.

Name

Student ID number

Signature

Date signed

Major

The above named person received safety training from me for the labs listed above on the date indicated above.

Signature of trainer

Date signed by trainer