

Shop Tool Training

Room - Location

Department

Employee: _____

Instructor: **Trainer Name**

Add or remove tools and machines to best fit your shop space.

TOOL	EMPLOYEE Initials	TRAINER Initials	DATE	TOOL	EMPLOYEE Initials	TRAINER Initials	DATE
Radial Arm Saw	_____	_____	_____	Table Saw	_____	_____	_____
Band Saw	_____	_____	_____	Drill Press	_____	_____	_____
Dry Cut Saw (Steel)	_____	_____	_____	Hand Drill	_____	_____	_____
Sliding Miter Saw	_____	_____	_____	Jig Saw	_____	_____	_____
Hand Grinder	_____	_____	_____	Panel Saw	_____	_____	_____
Pneumatic Staplers/Nailers	_____	_____	_____	Circular Saw	_____	_____	_____
Porta-Band	_____	_____	_____	Sawz-All	_____	_____	_____
Palm Sander	_____	_____	_____	Router	_____	_____	_____
Other	_____	_____	_____	Other	_____	_____	_____
Other	_____	_____	_____	Other	_____	_____	_____
Other	_____	_____	_____	Other	_____	_____	_____

TOOL QUALIFICATION

I _____ have been instructed on the proper and safe way to use the above tools.
From this point on I will use the above tools only in a safe and appropriate manner.

PPE:

- clothing, jewelry, hair, gloves.
- hearing, eyes.
- respiratory; dust masks, respirators, ventilation.

Date: _____

Name: (PRINT) _____.

NAME: (SIGN) _____.

