

Machine Shop Specialized Training/Limited Use

This form is to be used for a specific machine for a limited time.
Shop personnel must verify individual's competency on that machine.

Name: _____	FIT ID: _____
Phone: _____	Email: _____
Professor: _____	Project: _____

Authorized Machine: _____	
Start date _____ / _____	End date: _____ / _____

Summary of Work: _____

Shop Personnel Signature: _____	Date: _____
User Signature: _____	Date: _____

*Must have attached signed liability form and machine shop rules to be valid.