

DEPARTMENT OF ENGINEERING TECHNOLOGY

LABORATORY SAFETY ANALYSIS TRAINING RECORD

[NAME OF EQUIPMENT]

MY SIGNATURE INDICATES THAT I HAVE READ, UNDERSTAND AND WILL ABIDE BY THE LSA REQUIREMENTS. IT IS MY RESPONSIBILITY TO OBTAIN AUTHORIZATION FROM MY LABORATORY MANAGER OR INSTRUCTOR AND REVIEW THE LSA REQUIREMENTS BEFORE USING THIS EQUIPMENT.

NAME	SIGNATURE	DEPARTMENT	DATE	LAB MANAGER /
(PRINT)				INSTRUCTOR
				SIGNATURE

Record No.