Student Projects Laboratory G-112 Access Request Form

The purpose of this form is to ensure students requesting access to the Student Projects Laboratory have adequate training to use the facility in a safe and productive manner. While working in the lab, students MUST:

1) Wear safety gear (eye and hearing protection, proper footwear, etc.)
2) Never work alone. A minimum of two people must be present in the laboratory at all times.
3) Have passed the machine training program prior to using any power equipment.
4) Clean the work area at the end of each session.
5) Not allow unauthorized people into the laboratory.
6) Use the laboratory for approved University projects only. Under no circumstances are personal projects allowed in the Student Projects Laboratory.

*Note: Students must show comprehension of operations for the manual mill and manual lathe machining equipment and welding machines before user privileges are granted. Training will be made available upon request through Richard Sackett – Student Projects Laboratory Supervisor.

PART 1: STUDENT INFORMATION WITH FACULTY ADVISOR SIGNATURE

Student WMU Email: ____________________________

Student Name: ____________________________

WIN #: ____________________________

Reason for requesting access: __________________________________________________________

Faculty Advisor: ____________________________

Name ____________________________

Signature ____________________________

Date ____________________________

*I have read and understood the safety rules and agree to comply with them. Failure to adhere to these guidelines will result in the removal of all project lab access privileges.

Student Signature: ____________________________

Date: ____________________________

PART 2: TO BE COMPLETED BY THE LABORATORY SUPERVISOR

Student ____________________________ is authorized to access the laboratory and use (circle all that apply):

Work Space: Y or N

Power Tools: Y or N

Manual Mill: Y or N

Manual Lathe: Y or N

Welders: Y or N

Access granted until (circle one): April 30 August 15 December 15

Lab Supervisor Signature: ____________________________

Date: ____________________________