## **Shop Use Agreement**

Student Name:	Semester:
Phone Number:	Emergency contact:
E-Mail Address:	
ECS Course # & Project Title or club name:	
Faculty Advisor Name:	
By signing below, I,	, agree to the following stipulations:
1. I will abide by all shop safety regulations	s and follow directions from designated lab personnel.
2. I will only work on parts for which drawi ECS Tech Shop.	ings have been submitted and pre-approved by my faculty advisor and/or the
3. I will stay out of the tool crib.	
4. I will wear proper work clothing (no loos	se clothing, shorts, or open toe shoes).
5. I will wear safety glasses at all times whi	ile in the lab.
6. I will not bring friends or visitors into the	e lab.
7. I will not use my cell phone/PDA/iPod or	r wear earphones/buds while working in the lab.
• •	return all the tools to the tool crib at the end of each and every work session achine when completed with all other clean up tasks.
9. I will report any problems with the shop	equipment to lab personnel immediately.
10. I will vacate the lab immediately when	instructed to do so by designated lab personnel.
11. I will conduct myself in a professional r	manner at all times and be respectful of others.
12. I will not bring food or drink into any lal	b spaces (machine shop, foundry, CNC lab, energy lab)
13. I will wash my hands after completing v	vork and clean up tasks and before leaving the laboratory.
12. Failure to follow these rules may result	in my immediate expulsion from lab and suspension of lab privileges.
Student Signature:	Date:
Approved By:	_
Faculty Advisor Signature:	Date:

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