



REQUEST FOR SHOP ACCESS AND TRAINING LOG
for access to and use of
GRADUATE STUDENT MACHINE SHOP (GSMS) FACILITY

User Details: Name: _____ BuckID N^o: _____

Faculty Sponsor or Research Group: _____

Emergency Contact: Name: _____ Phone: _____ Relationship: _____

Training Log:

Module N ^o	Topics covered in this session	Completed the Course	Opted Out by Interview	Certified for Use		
				Completion Date	User Sign-Off	Instructor Sign-Off
01	Safety					
02	Hand Tools, Measurements, Materials, Layout					
03	Preparation for Machining Operations, Sawing, Drilling					
04	Turning Machines (Lathes)					
05	Milling Machines					
06	Grinding					
07	Introduction to CNC and Other Advanced Processes					
08	Machining of plastics and non-ferrous materials					

Faculty Sponsorship:

I am requesting that Mr./Ms. _____ be allowed to use the GSMS facility. He/she understands that John Spaulding (or his machine shop staff designee) is in charge of this area and that his/her instruction must be followed at all times.

(Faculty Signature) _____ Date _____ ext. _____

User Obligations:

The user agrees to abide by and be bound by University and/or Department policies and posted notices (safety signs, code of conduct, terms of use, etc.). The user acknowledges that violation of such items is grounds for loss of shop privileges. The user acknowledges acceptance of the terms of the Waiver of Liability.

Graduate Student Machine Shop User: _____
Printed Name Signature Date

ALL SHOP RULES MUST BE OBEYED OR SHOP PRIVILEGES WILL BE DISCONTINUED.