

Tech Shop Safety Level 2 Training Verification
FN000425

I _____ have read and understood the instructional material
(Print name and ID #)

for this course (Tech Shop/Tool Safety Operations) and have had all of my questions
answered by either my supervisor, an ES&H professional, or an experienced machinist.

Signature _____ Date _____

Supervisor's Signature _____ Date _____

Return the completed form to your D/S/C training coordinator or to the ESH Section, MS
119: Attention Joel Kofron.

TRAIN data entry:

Date Entered

Class Code

Name