



**DEPARTMENT OF ENGINEERING TECHNOLOGY
& CONSTRUCTION MANAGEMENT
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 (PRINT)	SIGNATURE	DEPARTMENT	DATE	LAB MANAGER / INSTRUCTOR SIGNATURE

Record No. _____