

**SAN FRANCISCO STATE UNIVERSITY
SCHOOL OF ENGINEERING
OFF-HOURS LAB ACCESS AND EQUIPMENT USAGE AUTHORIZATION FORM**

GENERAL SAFETY AND SECURITY RULES

Safety is everyone's responsibility, and your first priority!

1. If you are unaware or unsure of proper safety procedure or equipment usage - do nothing until you obtain the proper instruction or knowledge.
2. Wear eye, ear, respiratory and other appropriate body protection for the activity planned.
3. Wear all clothing hair, jewelry in a safe manner. Cuffs are to be buttoned or rolled up, shirttails tucked in, rings and bracelets removed, pendants tucked in or removed and so forth.
4. Allow no unauthorized person(s) in lab, room or work environment.
5. Insure a proper work environment:
 - a. adequate lighting.
 - b. adequate ventilation.
 - c. know phone location for emergencies.
 - d. know location of fire extinguishers.
 - e. clean and uncluttered work area.
6. Have knowledge of emergency procedures:
 - a. For assistance in general emergencies, such as fire, health, security, etc. call ext. 2222 (DPS).
 - b. There are specific emergency procedures associated with certain equipment. Be aware of them and be prepared to act appropriately.
7. See back of this form for a Health and Safety Consideration Checklist and specific instructions.

APPLICANT/STUDENT

Please print clearly!

Last Name	First Name
Number semesters in ENGR Program	Phone Number
Address	
City	State Zip
Student ID Number	

STATEMENT OF RESPONSIBILITY Read Carefully!

I am aware of the specific safety rules, operating and emergency procedure for the equipment I will be using. I have read the "**GENERAL SAFETY AND SECURITY RULES**" and I have gone over the "Health and Safety Consideration Checklist" with my advisor. I will return tools and unused material to storage and leave a clean work area for the next user.

I understand that I am fully responsible for any and all of the below items that have checked out from the School of Engineering, as well as, any other it equipment, tools, instruments, projects, etc. belonging either to the School of Engineering or to other groups or individuals in my authorized work environment. I hereby assume full financial liability for such item(s) as caused by abuse, misuse, neglect, loss or theft. The extent of the liability in each case shall be determined by the Division of Engineering. **IF I USE IT, I AM RESPONSIBLE FOR IT! IF I BREAK IT, I BUY IT!**

X _____
Student/Application Signature Date

PROJECT ADVISOR/DIRECTOR AUTHORIZATION

I am aware of the applicable personal and equipment safety issue and procedures. I have satisfied myself that this student/applicant is also aware of them and will abide by safe personal and equipment safety rules and practices.

In addition, I request that the Lab Manager(s) authorize the applicant to be in lab rooms designated below, at the time(s) indicated, and to use only the specified equipment listed.

This authorization is valid from:

_____ data/time - to - date/time

_____ Project Advisor/Director – Print Name, Sign and Date

LAB MANAGERS' AUTHORIZATION				
Room Number Area/Location	Days/Hours	Authorized Equipment and Comments	Lab Managers Name	Authorized Signature

(Health and Safety Consideration Checklist on reverse side)

SAN FRANCISCO STATE UNIVERSITY
SCHOOL OF ENGINEERING
HEALTH AND SAFETY CONSIDERATION CHECKLIST
(to be gone over by advisor and student together selecting appropriate items for discussion)

CHECK OFF ITEMS DISCUSSED

1. Project Activities:

- a. Gas or arc welding, brazing, cutting, etc.
 - b. Electronic soldering (irons, rosin-fluxes, solvents, etc.)
 - c. Non-electronic soldering (irons, acid-fluxes, solvents, etc.)
 - d. Hand tools
 - e. Power hand tools (drills, grinders, saws, sanders, etc.)
 - f. Fixed Power tools (drill press, mill, lathe, etc.)
 - g. Proper handling, moving and storage of materials
 - h. Fabrication using resins, fiberglass composites, concrete, chemicals, cleaners, solvent
 - i. Assembly and testing of powered circuitry and devices
 - j. Gasses and liquids under pressure
 - k. Project cleanup (spill/accident cleanup also)
 - l. No eating or drinking in work areas
 - m. Equipment manuals to be read _____
-
- n. Write your own specific activity not list above _____

2. Potential Hazards to Consider:

- a. Compressed gasses
- b. Corrosives
- c. Heavy metals, (e.g., lead, mercury)
- d. Organic solvents
- e. Asbestos
- f. Toxic materials
- g. Caustics
- h. Cryogenic material
- i. Hot materials
- j. Carcinogens/mutagens/teratogens (e.g. benzene, ethers, asbestos, etc.)
- k. Flammables/explosives
- l. Irritants/sensitizers/allergens
- m. Strong oxidizers
- n. Chemical waste/oily waste
- o. Lifting
- p. High noise levels
- q. Welding/cutting
- r. Use of specialized electrical/electronic equipment
- s. Moving/assisting human clients
- t. Entry into/work in confined spaces
- u. Write your own specific hazard, exposure, etc. not mentioned about _____

3. Where to obtain safety equipment and information

- a. 3/4 length shop coats (Room 140)
- b. Hair ties (Room 140)
- c. hard hat (Room 140)
- d. Safety glasses, goggles, face shield (Room 140)
- e. Hearing protection (Room 140)
- f. Spill cleanup kit (Room 140)
- g. Lockout tags (Room 140)
- h. Gloves (Room 140)
- i. Any items not about _____

Direct all question regarding information, procedure, etc. to your project faculty advisor and/or appropriate division faculty.

(Lab Authorization Form on reverse side)