# Form 1- Teacher Copy

**Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Course/Class:**

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| **Equipment/Procedure: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  |
| Attended Teacher Safety Instruction and Demonstration(Notes recorded) | Passed Written or Oral Testing | Demonstrated Safe Set-up and Operation to Teacher | Granted Permission by Teacher |
| Date ofLesson | Teacher Initial | Date Tested | Teacher Initial | Date of Demo. | Teacher Initial | Date | TeacherInitial |
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|  |  |  |  |  |  |  |  |