# 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 of  Lesson | Teacher Initial | Date  Tested | Teacher Initial | Date of Demo. | Teacher Initial | Date | Teacher  Initial |
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| **Equipment/Procedure: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | |
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