CERRITOS COLLEGE | Technology

Cerritos College

Woodworking Student Safety Policy

PLEASE PRINT ALL INFORMATION CLEARLY

NAME: _____ DOB: _____ STUDENT #: _____

CLASS: _____ SEMESTER (Circle One): SPRING / SUMMER / FALL YEAR: _____

ADDRESS: _____ CITY: _____ ZIP: _____

PRIMARY NUMBER: _____ SECONDARY NUMBER: _____

EMAIL ADDRESS: _____

EMERGENCY CONTACT INFORMATION

NAME: _____ RELATION: _____ PHONE: _____

NAME: _____ RELATION: _____ PHONE: _____

STUDENT SAFETY CONTRACT

- I have read and understand the Woodworking Manufacturing Technologies (WMT) Safety Policies.
- I promise to observe all Woodworking Manufacturing Technologies Safety Policies and Rules.
- I understand that I am also responsible for knowing and following all rules and policies in the Schedule of Classes.
- I have read, understand, and agree to comply with the Woodworking Manufacturing Technologies Program's "Technical Standards Requirements."
- I understand that I will receive specific Woodworking Manufacturing Technologies process and equipment Safety Data Sheets, verbal safety instructions from my instructor and a physical demonstration by my instructor before I am permitted to work on new equipment. If I am ever in doubt regarding safety, I will ask my instructor for assistance before proceeding.
- I realize if I am not in attendance at the instructor safety demonstration and I do not sign the Safety Record Sheet testifying that I have received training on that specific equipment, I will not be permitted to use that specific equipment.
- I understand that failure to wear all required personal safety clothing, equipment, and safety glasses as required by Woodworking Manufacturing Technologies Department Safety Policies will be grounds for dismissal from the Program. Prescription reading glasses are not permitted unless they have side shields and meet ANSI Z87.1, students that require prescription glasses will need to order prescription safety glasses.
- I understand that the removal of tools, equipment, materials, or anything else from the Woodworking Manufacturing Technologies Program constitutes theft and will be prosecuted to the fullest extent of the law.
- I understand that approved safety glasses must be worn at all times in the WMT shop. If I fail to comply with this policy, I will be sent home for the day and will receive zero points for any lab assignments performed on that day. It is my responsibility to wear safety glasses at all times in the shop, whether I am performing work or not.

- I understand that tools and equipment used in this program could cause serious illness and/or injury, and I assume all risks for any such illness and/or injury. In the event of illness or injury, I do hereby consent to whatever x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, transportation, and hospital care and emergency transportation, considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services.
- As a condition of my participation in this activity, I agree to waive all claims against Cerritos Community College District (District) and to indemnify and hold District, its officers, agents, and employees, harmless from any and all liability or claims, demands, losses, causes of action, suits or judgments of any kind whatsoever that I, my heirs, executors, administrators or assignees may have against the District or that any other person or entity may have against the District because of any death, bodily injury, personal injury, or illness, or because of any loss to property that may arise out of or in any way be connected with the above-described program. This waiver shall not apply to any occurrence which may arise solely out of the negligence of the District, its employees or agents.
- I further acknowledge that the District does not provide any type of insurance including liability or medical coverage for students who participate in this activity.
- I have no special health needs the staff should be aware of, and no medication is required during this activity. I have consulted with my physician and verify that I am medically fit to participate in this activity.

STUDENT SIGNATURE: _____ **DATE:** _____

SAFETY MANUAL TEST ANSWER SHEET

1. _____	21. _____	41. _____	61. _____	81. _____	101. _____
2. _____	22. _____	42. _____	62. _____	82. _____	102. _____
3. _____	23. _____	43. _____	63. _____	83. _____	103. _____
4. _____	24. _____	44. _____	64. _____	84. _____	104. _____
5. _____	25. _____	45. _____	65. _____	85. _____	105. _____
6. _____	26. _____	46. _____	66. _____	86. _____	106. _____
7. _____	27. _____	47. _____	67. _____	87. _____	107. _____
8. _____	28. _____	48. _____	68. _____	88. _____	108. _____
9. _____	29. _____	49. _____	69. _____	89. _____	109. _____
10. _____	30. _____	50. _____	70. _____	90. _____	110. _____
11. _____	31. _____	51. _____	71. _____	91. _____	111. _____
12. _____	32. _____	52. _____	72. _____	92. _____	112. _____
13. _____	33. _____	53. _____	73. _____	93. _____	113. _____
14. _____	34. _____	54. _____	74. _____	94. _____	114. _____
15. _____	35. _____	55. _____	75. _____	95. _____	115. _____
16. _____	36. _____	56. _____	76. _____	96. _____	116. _____
17. _____	37. _____	57. _____	77. _____	97. _____	117. _____
18. _____	38. _____	58. _____	78. _____	98. _____	118. _____
19. _____	39. _____	59. _____	79. _____	99. _____	119. _____
20. _____	40. _____	60. _____	80. _____	100. _____	120. _____

TEST CORRECTION SECTION