

# STUDENT SAFETY POLICY

PLEASE PRINT ALL INFORMATION CLEARLY

NAME: \_\_\_\_\_ STUDENT # \_\_\_\_\_ CLASS: **WMT**

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE ( \_\_\_\_\_ ) \_\_\_\_\_ CELL PHONE ( \_\_\_\_\_ ) \_\_\_\_\_

E-MAIL: \_\_\_\_\_

*May we enter your contact information into our database so we can occasionally email you info about the program? Yes No*

## IN CASE OF ACCIDENT NOTIFY:

NAME \_\_\_\_\_ PHONE ( \_\_\_\_\_ ) \_\_\_\_\_

NAME \_\_\_\_\_ PHONE ( \_\_\_\_\_ ) \_\_\_\_\_

## ADDITIONAL INFORMATION:

Occupation: \_\_\_\_\_

What would you like to get out of this program? \_\_\_\_\_

What can you contribute to the program? \_\_\_\_\_

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