Tool Sign-Off Form

Note: All clean room users are required to have prior training on a tool. They must demonstrate proficiency using the tool with the instructor present. This must be done before they will be given access rights on the tool. Depending on the complexity of the tool, the student might need to go through the instructional process a few times. Please e-mail the instructor; he will then schedule a training session for the new tool user. This sheet will remain in your procession until all signatures have been issued. *(Print this form on clean room paper)*

Name of Applicant_________________________________________________

E-mail Address_____________________________________________________

Phone Number_____________________________________________________

Advisor___________________________________________________________

Type of Class ____________________________

Date of Initial Training _________________

1) **Instructor Signature________________________** *(Must be signed after initial instruction)*

Desired tool for access rights: _______________________________________

Is this your first individual training class? _______________________________

If not, how many other times have you been observed using the tool? _______

Instructor Approval Yes

2) **Instructor Signature________________________** Date _________

Reason for student not being approved________________________________

I will use the tool according to the standard operating procedure and will follow the safety protocols.

**Student Signature**_________________________________________________