



Holland High School

600 Van Raalte Avenue
Holland, MI 49423

Safety Training Confirmation

Student Name:	Date:
Business Name:	Job Title:
Supervisor Signature:	Student Signature:

Safety Considerations for this Position
1.
2.
3.
4.

Safety Glasses must be worn	Yes	No	When:
Safety Boots must be worn	Yes	No	When:
Ear Protection must be worn	Yes	No	When:
Face Mask must be worn	Yes	No	When:
Respirator must be worn	Yes	No	When:
Vinyl Gloves must be worn	Yes	No	When:
Work Gloves must be worn	Yes	No	When:
Hazardous Chemical Concerns	Yes	No	When:

Employer Agrees:

1. Not to allow the student to operate any type of vehicle.
2. To provide a place for training that is free of obvious hazards that could cause potential injury or harm to the student.
3. To provide orientation and safety instruction prior to the student operating any power equipment or perform training activities that could cause potential injury or harm.
4. To monitor the student's use of all required safety equipment and procedures.
5. To limit the student operation of any OSHA approved power equipment.
6. To only allow the student to operate power equipment listed in the training plan.

Student Agrees:

1. Not to operate any type of vehicle.
2. To only operate power equipment listed in the training plan.
3. To use common sense and caution at all times, especially when operating or around power equipment.
4. To use the safety equipment listed above and any additional safety equipment requested by the employer.
5. To follow proper procedures when operating equipment and performing training activities.