

N.C. Department of Correction Safety Procedures and Operations Awareness Agreement

	Safety Procedures and Ope	erations Awareness Agreement					
1.	My undersigned signature confirms I have been informed, understand and have a safety awareness of all equipment listed below in my assigned workplace. I further understand that I am not to operate or use any equipment that I have not received safety training for and/or been instructed on the safety procedures and proper operations.						
2.	I will not remove or circumvent any machine guards.						
3.	I understand I must wear proper personal protective equipment and must wear and use it as instructed.						
4.	I acknowledge failure to abide by this agreement may result in disciplinary action.						
5.	I acknowledge the equipment listed below is the equipment utilized by this operation.						
6.	I have received Awareness Training as indicated by the check box(s) below.						
	INITIAL SAFETY AWARENESS TRAINING						
	ANNUAL REFRESHER AWARENESS SAFETY TRAINING						
	Equipment	Equipment					

Employee/Inmate Name:		
Opus/Position #:		
Employee/Inmate Signature:		
Supervisor/Trainer Signature:		
Date	· / /	



N.C. Department of Correction Safety Procedures and Operations Training Agreement

- 1. My undersigned signature confirms that I have been properly instructed on the safety procedures and operations of the equipment noted on this form.
- 2. I further understand that I am not to operate or use any equipment that I have not received safety training for and/or been instructed on the safety procedures and proper operations.
- 3. I will not remove or circumvent any machine guards.
- 4. I will operate equipment in compliance with safe operating procedures, as trained.
- 5. I understand I must wear proper personal protective equipment and must wear and use it as instructed.
- 6. Failure to abide by this agreement may result in disciplinary action.

Equipment	Date Training	Date Training	Inmate	Supervisor				
	Started	Ended	Initial	Initial				
Employee/Inmate Name:								

Opus/Position #:

Date: ____/____

Employee/Inmate Signature:

Supervisor/Trainer Signature:

Use additional DC117B form as needed to record additional	l Equipment	training re	ecords.
---	-------------	-------------	---------