



AUTHORIZATION FOR PERSONAL USE OF COLLEGE EQUIPMENT

DO NOT perform this procedure unless:

- a. You have been appropriately trained; and
- b. Have received PRIOR authorization to do so by your Supervisor.

Preliminary Description of Personal Use

Delete this text and provide a short description of the work that will be performed, the equipment that will be used, and the duration, location and time that the work will be completed.

Work Alone or in Isolation

Yes

If "YES", delete this text and describe plan of action in the event of an emergency

No

If "NO", delete this text and indicate the name and qualifications of the person who will be present during Personal Use of Equipment

Required Training

Delete this text and list all training that is required, and that you possess, to use this Equipment.

Required Personal Protective Equipment

Delete this text and list all personal protective equipment that will be used.

Potential Hazards

Delete this text and enter all potential hazards associated with this procedure

Pre-Operational Safety Checks

Delete this text and enter Pre-Operational checks that must be completed prior to performing this procedure. If there are no pre-operational checks to be performed, indicate “not applicable” in this box.

Forbidden

Delete this text and enter any acts that are forbidden while completing this procedure. For example: no smoking (Fire Hazard), do not cut tree branches with this equipment, do not cut pieces of wood with nails in them, do not leave this equipment unattended while running, etc.

Detailed Description of Personal Use of Equipment

Delete this text and describe in detail how Equipment will be used for personal purposes. Indicate all safety measures that will be taken. Identify procedures to be followed in the event of an emergency. Enter any caution statements as required.

SAFETY MEASURES:

EMERGENCY PROCEDURES:

CAUTION:

Housekeeping

Delete this text and enter any housekeeping items that are required after completing the job.

Date of Request: **mm/dd/yr**

Date(s) Personal Use will occur: **mm/dd/yr**

Signature: _____ **Signature of Employee applying for Personal Use**

Date Approved: **mm/dd/yr**

Approved By: **Enter name of person approving Personal Use – Supervisor as defined by policy E10**

Signature: _____ **Signature of person approving Personal Use**

**Following approval of this Authorization for Personal Use of College Equipment,
in cases where an Employee will be using Equipment on campus,
the Employee must notify
Security Services at 632-2323 or by email
to advise them of the date, time, and location where this work will be performed.**

**Where an Employee is removing Equipment from campus, the Employee must provide
authorization for such removal to Security Services upon request.**