

# Electrical Lab Equipment Safety Sign-off Sheet

Student Name: \_\_\_\_\_

Student ID Number: \_\_\_\_\_ Class Year: \_\_\_\_\_

I certify that I have been trained in the proper use of the electrical lab equipment listed below and that I have a thorough understanding of the safety practices governing the use of each piece of equipment.

## **PROTO-Board Development Board**

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Instructor Signature

\_\_\_\_\_  
Date

## **Oscilloscope**

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Instructor Signature

\_\_\_\_\_  
Date

## **Triple Output DC Power Supply**

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Instructor Signature

\_\_\_\_\_  
Date

## **Function Generator**

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Instructor Signature

\_\_\_\_\_  
Date

## **Soldering Equipment**

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Instructor Signature

\_\_\_\_\_  
Date

## **Spectrum Analyzer**

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Instructor Signature

\_\_\_\_\_  
Date

## **LPKF Circuit Board Plotter**

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Instructor Signature

\_\_\_\_\_  
Date