

Operator Name:	
Date:	
Demonstrate the following procedures whilst disconnected from the power	
Check blade integrity, noting specifics of TCT blade	<input type="checkbox"/>
Show where bevel setting is and operate it; stopping at detents (if applicable) and arbitrary angles.	<input type="checkbox"/>
Show where mitre setting is and operate it; stopping at detents and arbitrary angles.	<input type="checkbox"/>
Show where sliding fence is and explain how you'd determine if it's necessary	<input type="checkbox"/>
Explain which way the teeth should face	<input type="checkbox"/>
Demonstrate the following procedures whilst connected to power	
Cut straight cut	<input type="checkbox"/>
Cut compound cut, moving guide if necessary	<input type="checkbox"/>
Understand the following things	
How to report faults (users should not fix problems themselves)	<input type="checkbox"/>
Meaning of no lone working rule	<input type="checkbox"/>
Blade must be running at full speed before the material is cut	<input type="checkbox"/>
How to correctly secure work	<input type="checkbox"/>
Which PPE is required or recommended (goggles required, breathing and hearing protection recommended; gloves not to be worn)	<input type="checkbox"/>
Hands should be 15cm from the blade during operation	<input type="checkbox"/>
Clamps are required when work holding is required at a distance less than 15cm	<input type="checkbox"/>
Need to disconnect power whilst inspecting the blade	<input type="checkbox"/>
Machine is used for wood only or some plastics	<input type="checkbox"/>
Users must not enter yellow box areas when another user is using a power tool in that area	<input type="checkbox"/>
Users must inform other hackspace users if they are cutting anything with higher than average respiratory risks	<input type="checkbox"/>
Dust extraction must be used where available	<input type="checkbox"/>
Arms/hands must not be placed below blade (no crossing arms for cut etc)	<input type="checkbox"/>
User is responsible for cleaning up	<input type="checkbox"/>

When competence has been achieved, tick the appropriate requirement.

I confirm that the above named has received safety induction training as indicated on this checklist	I confirm that I have received safety induction as indicated on this checklist and that I am confident in the safe use of the machine.
Name	Name
Signature	Signature