

Robotics Engineering Lab Safety Assumption Form

Personal Details

Full Name

Student/Staff ID

Email Address

Date

Lab Session Details

Lab Name/Location

Experiment/Project Title

Safety Assumptions

Please read and check the boxes to confirm:

☐

I will correctly use required personal protective equipment (PPE) at all times.

☐

I will follow all instructor and lab supervisor safety instructions.

☐

I have read and understood the lab's safety procedures and emergency protocols.

☐

I am aware of the specific hazards in this lab session and will act accordingly.

☐

I will report any malfunctioning or damaged equipment to the supervisor immediately.

Emergency Contact

Emergency Contact Name

Emergency Contact Number

Additional Notes

Signature

Date Signed