

UC Berkeley – Shop Safety Policy

Attachment 1 – “Authorized Person” Qualification for Shop Work (Template)

To: Personnel File for _____
(PRINT EMPLOYEE NAME)

From: _____ **Date:** _____
(PRINT SUPERVISOR NAME)

TO BE COMPLETED BY THE PI / SUPERVISOR OF THE “AUTHORIZED PERSON”:

Re: This document confirms required qualification of the above named employee to perform:
(Check all that apply.) (Attach additional pages if more space is needed.)

Operations and work in the following Shops:

Operate and work with the shop equipment listed (attach list)

Operate and conduct the following shop-work processes:

Other (Describe):

If, for any reason, as their supervisor, I think that this person is not performing shop work safely, this qualification will be revoked. Below are signature(s) of responsible person(s) verifying training, experience and/or providing instruction:

PI / Supervisor Signature: _____ **Date:** _____

TO BE COMPLETED BY THE SHOP MANAGER / SUPERVISOR

This designation of “Authorized Person” is based on evidence of safe performance of all duties related to Shop Safety and verification by the “Shop Manager / Supervisor” through:
(Check all that apply)

Training – Appropriate training records¹ (including any skill checks or tests) are attached.

Experience – This person has been safely performing, and has demonstrated skill in safe operation of Shop equipment for ____ years.

Instruction – This person has received instruction from me or another shop employee who is qualified, and has observed this person’s work while performing shop operations, and confirms that the person has the knowledge to perform shop work safely.

Shop Manager / Supervisor: _____ **Date:** _____

Authorized Person’s Signature: _____ **Date:** _____

CC: PI / Supervisor file **Authorized Person’s File**
Shop Manager / Supervisor file

¹ If training is part of the evidence used to qualify this employee, attach records relevant to this qualification.