

EQUIPMENT USAGE FORM

Foods I & II

Teacher: Mrs. Daughenbaugh

Parent/Guardian:

Please check each item to indicate your approval for your son/daughter to operate the following equipment. Please know that I will do my best as your child's teacher to monitor all students when working with high risk equipment. If any child is conducting themselves in an unsafe manner, I will suspend them from the lab activities for which they will be given a "0" grade. When finished checking each item, please sign & date below.

- Electric/Gas Range and Oven
- Kitchen Knives
- Food Processor
- Hand Held or Heavy Duty Mixer
- Microwave Oven
- Deep Fryer
- Blender
- All Types of Beverage Makers
- Other

Parent Signature _____

Date _____

Student:

I understand I am only permitted to handle the above items which were previously checked by my parent/guardian. If I use an item above which was not approved, I further understand I will be written up for insubordination.

Student Signature _____

Date _____