## LASER CUTTER MATERIAL APPROVAL FOR INDIVIDUAL USE

### USER(S) INFORMATION

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
<th>UW NetID</th>
<th>Student/Employee Number</th>
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### MATERIAL INFORMATION

A Material Safety Data Sheet (MSDS) must be submitted by the user for the exact material and reviewed by a staff member prior to completing this form. Relevant literature for the material may also be included.

Material Details (e.g. manufacturer, chemical composition, etc.):  
___________________________________________________________________________________________________

Reason for Requesting Approval:  
___________________________________________________________________________________________________

### FOR STAFF USE

Reason for approval of material:  
___________________________________________________________________________________________________

___________________________________________________________________________________________________

Special instructions for approved material (if necessary):  
___________________________________________________________________________________________________

___________________________________________________________________________________________________

### ACKNOWLEDGEMENT

This “Material Approval for Individual Use” form approves only the material(s) listed above for use only with the laser cutter for only the users identified above (i.e. do not advertise the material as approved to other users). Users agree to follow instructions above for their safety and for preservation of our equipment.

User Signature:  
Date:  

User Signature:  
Date:  

Staff Member Name:  
Date of Approval:  

Note to Staff: Scan this document along with any attachments and store in Sharepoint folder “Safety – Material Approval.”