

NORTH CAROLINA DIVISION OF PARKS AND RECREATION
COMMUNITY SERVICE WORKER PROGRAM
POWER/TOOL EQUIPMENT
SAFETY REGULATIONS

Park: _____

Date: _____

PROCEDURES:

- A. Conduct a pre-job safety meeting to discuss all aspects of the job(s) to be undertaken.
- B. Review appropriate Operator's Manual(s) and pertinent sections of the Park Safety Notebook.
- C. Ensure that all manufacturers' recommended safety guards, devices, and personal protection equipment are in place and used.

By my signature, I agree to operate assigned power/tool equipment ONLY after I have received safe operation instructions and have demonstrated safe operation proficiency. I further agree to use proper personal protection equipment at all times. I understand that failure to comply with this agreement will result in my immediate dismissal from the CSW Program in N.C. State Parks.

By initialing and dating, I acknowledge my proficiency in the use of:

- | | |
|---------------------------------|--|
| 1. Chain Saw _____ | 7. All Terrain Vehicle (ATV) _____ |
| 2. Circular Saw _____ | 8. Hand Held Circular Saw _____ |
| 3. Weedeater _____ | 9. Hand Held Sanders _____ |
| 4. Table Saw _____ | 10. Backpack Blower _____ |
| 5. Lawn Mowers, push type _____ | 11. Other _____ |
| | 12. Other _____ |
| 6. Hand Held Drill _____ | * Proficiency must be demonstrated to Supervisor prior to use. |

By my signature, I also acknowledge my understanding of the following General Statutes:

G.S. 15-A-1342 (j) and G.S. 143B-475.1 (d) A person participating in community service may not be able to recover damages for injury or loss sustained as a result of community service.

Client's Signature

Date

I will provide safe operation instructions, observe safe operation proficiency, and provide proper personal protective equipment to the above signed client prior to allowing the use of any of the above listed power/tool equipment by this client. I will provide safe work for this client and any tools and materials necessary for the job assignments. I will provide supervision ensuring that this client is productive and working safely throughout the work assignment.

Supervisor's Signature

Date