# ROBOT OPERATOR INDUCTION

**To be completed by the Robot instructor:**

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| Instructors Name: |  | |
| Robot: |  | |
| Has the emergency equipment been shown to the operator (extinguishers, emergency stop, emergency exits): | | YES / NO |
| Has turning on/off of the robot been shown: | | YES / NO |
| Has robot operation in teach mode been shown to the operator: | | YES / NO |
| Has robot operation in automated mode been shown to the operator: | | YES / NO |
| Does the operator have a copy of the robot induction information: | | YES / NO |
| Has the user operated the robot competently: | | YES / NO |

By signing below you state that the above information is correct and that all answers were yes. Upon signing the driver has been approved to operate the specified robot.

Instructor Signature: Date:

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**To be completed by operator:**

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| Name: |
| Student/Staff Number: |

By signing below you state that you have completed an induction and read and understood the robot safety information:

Operator Signature: Date: