# ROBOT INSTRUCTOR INDUCTION

**To be completed by the REV Project supervisor:**

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| Supervisor Name: |
| Is the instructor currently approved to operate UWA robots: Has the instructor had over 10 hour of robot operating practice: Has the instructor adequately performed a test robot operation induction (F04R) for the Robotics supervisor:  | YES / NOYES / NOYES / NO |

By signing below you state that the above information is correct and that all three answers were yes. Upon signing the inductee has been approved as a robotics instructor and will perform the function as a robotics inductor:

Supervisor Signature: Date:

**To be completed by instructor:**

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| Name: |
| Student/Staff Number: |

By signing below you state that you have read and understood the robot safety information are are confident to pas on this information as a robotics inductor:

Student Signature: Date: