

Employer Machine, Tool and Equipment Review (Form 1)

Employer name:		Date:	
Address:			
Contact person:		Phone:	
Email:		Industry:	

Name of YST Program:			
Lead contact name:		Organization:	
Email:		Phone:	
School District:			

Please list all machines, tools and equipment that you would like reviewed for 16-17-year-old student learner use as part of a Youth Skills Training (YST) paid work experience.

YST EQUIPMENT, TOOLS & MACHINERY EVALUATION:				
MACHINE/ TOOL/ EQUIPMENT NAME:	BRAND/DATE OF MANUFACTURE	USED FOR:	SAFETY FEATURES:	REQUIRED PPE:

Please use back page for additional machines, equipment or tools.

Once this form is submitted to the Youth Skills Training (YST) Program, you will be contacted to schedule a virtual or in person safety meeting to review all documentation. Please send form to Jo Daggett, project manager of the YST program at: Jo.Daggett@state.mn.us and call or email with any questions 651-284-5354.

