

Additional Equipment and Tool Review (Form 4)

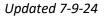
This form is <u>only</u> for previously approved YST employers that want to add new (additional) equipment/tools. Approval is required prior to 16-17-year-old student learner use.

Employer name:	Dat	te:
Address:		
Contact person:	Pho	one:
Email:	Ind	lustry:

Please list all new 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 POWER-DRIVEN TOOLS & MACHINERY EVALUATION:					
MACHINE/TOOL/ EQUIPMENT NAME:	BRAND/DATE OF MANUFACTURE	USED FOR:	SAFETY FEATURES:	PPE REQUIRED:	DLI Use Only:

Once this form is completed and submitted to the Youth Skills Training (YST) Program, you will be contacted to schedule a virtual or in person meeting to review. Please send completed form to <u>Jo.Daggett@state.mn.us</u>





443 Lafayette Road N., St. Paul, MN 55155 • 651284-5005 • <u>www.dli.mn.gov</u>

MACHINE/TOOL/ EQUIPMENT NAME:	BRAND/DATE OF MANUFACTURE	USED FOR:	SAFETY FEATURES:	PPE REQUIRED:	DLI Use Only:

A safety consultant will review listed machines/tools/equipment and provide comments below. The DLI Commissioner will review and provide final approval. Machines/tools/equipment reviewed will be listed in one of three categories for 16-17-year-old student learner use as part of a paid YST work experience (unlimited use, 1 hour per shift or 20% of a shift-*whichever is less*, or prohibited for 16-17 year old student learner use).

Safety Consultant Name: Date Reviewed:

Comments:

The employer agrees to follow YST program requirements and will not allow student learners to use machines/tools/equipment that were not reviewed or were reviewed and not approved for 16-17-year-old student learner use.

Employer Supervisor Name:	Signature:	Date:
Labor & Industry Name:	Signature:	Date:
	0.8	
	DEPARTMENT OF	
	LABOR AND INDUSTRY	

443 Lafayette Road N., St. Paul, MN 55155 • 651284-5005 • www.dli.mn.gov