

## EQUIPMENT USE SURVEY

Name	Suite	Date

Please indicate the tools that you **HAVE OWNED**.

Tool	Have OWNED	
Table Saw	Yes	No
Power Mitre Saw	Yes	No
Drill Press	Yes	No
Grinder	Yes	No
Power Stationary Sander	Yes	No
Band Saw	Yes	No
Lathe	Yes	No

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Lathe	Yes	No

**Please sign and hand in to Management Office along with your Waiver Form**

Signature	
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