

*MEDICINE HAT PUBLIC BOARD OF EDUCATION OPERATES AS MEDICINE HAT PUBLIC SCHOOL DIVISION,
AND FOR THE PURPOSE OF THIS DOCUMENT WILL BE REFERRED TO AS "MHPSD" AND/OR "DIVISION"*

SECTION 400 – Business Administration

ADMINISTRATIVE PROCEDURE - EXHIBIT: CTS LAB USAGE AGREEMENT

<i>EXHIBIT CODE:</i>	<i>414 E 003</i>
Policy Reference: 414 – School Supplies and Equipment	Procedure Code Reference: 414 AP 001 – Use of School Supplies and Equipment

EXHIBIT

See Below for CTS Lab Usage Agreement form.

Approved: February 22, 2018

Revised: December 5, 2016

CTS LAB USAGE AGREEMENT

NAME OF SCHOOL: _____

FACILITIES REQUIRED: _____

DATE: _____ HOURS OF USE: _____

PURPOSE: _____

TEACHER REQUESTING: _____

I know and will use all safety practices as it relates to the requested power equipment. __yes

I know how to safely and properly operate the requested power equipment. __yes

UNDERTAKING:

In return for the use of the above-mentioned facilities without charge, I agree to accept responsibility as follows:

1. Retain keys in my possession.
2. I will not allow anyone else to operate the requested power equipment.
3. Ensure that the facilities are left in a clean and tidy condition with all waste and refuse removed, and furnishings and equipment restored to their original place.
4. Upon leaving, ensure that all windows are closed insofar as the facilities that were used are concerned.
5. Ensure that the NO SMOKING regulation is enforced.
6. Recognize that failure to live up to these responsibilities will result in withdrawal of all privileges.
7. Ensure that the building will be vacated not later than 12:00 (midnight).
8. Trustee questions will be for clarification only. The Board will not enter into a debate with a delegation regarding the matters in the presentation.

SIGNED: _____
Teacher

CTS Department Head

APPROVED BY: _____
Principal

Date

APPROVED BY: _____
Secretary Treasurer

Date