

JUNEAU MAKERSPACE

ORIENTATION CHECK OFF FORM

Must complete walk through with Board Member, check boxes when complete

Primary Member Name

printed : _____

Contact info

Email: _____

Phone: _____

Additional family member names: _____

- Paid Member, Date of first payment / orientation form _____
- Membership Form signed
- Safety waiver signed
- Facility
 - Fire extinguishers / alarms / exits
 - Safety (eye wash)
 - Lights -- location of switches
 - Heat – turn off when not in use
 - Entrances / Windows (latch down is locked) / Shop doors (close when leaving)
- Rooms
 - Main Hall
 - Electronics Laboratory / 3D printer / Laser Cutter Vent
 - Woodshop
 - Craft Room
 - Ceramics Studio
 - Kiln Room
 - Kitchen
 - Covered walk way
 - Lobby / out door lights

As a member of Juneau Makerspace I understand that I am responsible for locking, closing doors and windows when I leave the building, being sure that lights are turned off, and general safety of my guests and others around me.

I understand that situation awareness is important, and I will share the space with others in the space, clean up after myself, and keep Juneau Makerspace safe for myself and other members.

Member Signature X _____ Date _____
(AFTER COMPLETING ORIENTATION)

Board Member Initials _____ Date _____