



Employer Equipment and Tool 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, equipment and tools that you would like reviewed for 16-17-year-old student learners to use as part of a Youth Skills Training (YST) program paid work experience. These are the machines that will be evaluated on the walk through for assessing inclusion for the YST program.

Please use back page for additional machines, tools or equipment

YST POWER-DRIVEN TOOLS & MACHINERY EVALUATION:					
TOOL/MACHINE TYPE:	BRAND/DATE OF MANUFACTURE	TOOL/MACHINE OPERATION:	SAFETY FEATURES:	PPE REQUIRED:	DLI Use Only:

Once this form is submitted to the Youth Skills Training (YST) Program, you will be contacted to schedule a walk-through at your facility. Please send form to Rich Wessels, project coordinator of the YST program at: Rich.Wessels@state.mn.us and call or email with any questions 651-284-5184.



YST POWER-DRIVEN TOOLS & MACHINERY EVALUATION:					
TOOL/MACHINE TYPE:	BRAND/DATE OF MANUFACTURE	TOOL/MACHINE OPERATION:	SAFETY FEATURES:	PPE REQUIRED:	DLI Use Only:

Machines and tools 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 learners).