



Safety First, Last, Always

INTRODUCTION TO CARPENTRY SAFETY TEST



Date: _____

Student Name: _____

Contact Information:

Email: _____

Social Media: _____

Telephone: _____

Mailing Address: _____

Instructor: _____

Class: _____

How did you hear about this class? _____

Why are you taking this class? _____

On a scale of 0-5 (0=No experience, 5=Highly competent), how much prior experience do you have? _____

Comments: _____
