

General Safety Plan

Version 1.01 2/2018

Maker Faire Austin



Project Name:

Description:

Placement Requirements:

Demonstration Summary:

Do you have insurance:

Qualifications and Previous Experience:

Personnel:

General Safety Precautions and Plan:

Additional Comments:

Maker Name:

Contact number:

Signature:

When complete, please fax email to erin@makerfaireaustin.com