

University of Iowa CNC Router/Laser/Plasma Form

To be completed by student/instructor

Name

Student ID #

E-mail

Appointment

Date*

Class Time

Instructor

Material

Material Dimensions

Thickness in./mm

Approximate Run Time

Router

Plasma

Laser

Vector

Raster

Laser Cutting

To be completed by CNC monitor or Studio Specialist

Vector Image

Speed

IPS

Power

%

Raster image

Speed

IPS

Power

%

Comments/Special
Directions/
Concerns

Plasma Cutting

To be completed by CNC monitor or Studio Specialist

Comments/Special
Directions/Concerns

To be completed by Monitor/Specialist

Run time start

Run time finish

Comments/
Concerns

University of Iowa Router/Laser/Plasma Form

Please review and initial all items below.

Failure to complete this form correctly will result in loss of scheduled cut times.

- | | | |
|----|--|---------------|
| 1. | I have received necessary user training on all relevant equipment and software associated with this project (including finishing processes). | initial: ____ |
| 2. | I have checked my file for errors, and it is properly prepared. | initial: ____ |
| 3. | I have had my file checked and approved by my instructor prior to being submitted for processing | initial: ____ |
| 4. | I have my materials prepared and on hand prior to my scheduled time (Ex: cut down to appropriate size). | initial: ____ |
| 5. | I agree to pay for any damage to materials or equipment as a result of improper use/incorrect preparation of a file/and or set-up error . | initial: ____ |
| 6. | I agree to properly dispose/recycle used materials immediately (no more than 24 hours) after processing. | initial: ____ |

(THIS SECTION TO BE COMPLETED BY INSTRUCTOR)

“I approve this project for the CNC equipment”

Instructors signature on a CNC form means they have checked the file and authorize that student to schedule a time to run it.

_____ ***(Instructor signature)***

_____ ***Print Instructor Name***

_____ ***Course Title***