Semester:	chool year:	Dept. of Control Engineering	
		Laboratory of no:	

## **Instruction for Local Safety Rules**

By my signature below, I confirm that I have been instructed on all terms and conditions of the safety work rules in the laboratory and I have fully understood them. I will also closely follow the oral and written instructions provided by the instructor, and the Czech legal codes for safety work described by the regulation NV 194/2022 Sb., and the standard ČSN EN 50110-1 ED.3 (*Electrical work and service*).

	Instructed students					
	Surname and Given Name	Passport	Login name without server	Datum	Signature	
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Instructions given by \_- Surname and Given Name:Ing.Richard Šusta, Ph.D. Signature:.....