Checklist of E/OHS Activities for Welding, Cutting and Brazing Safety

Program Contact Person(s) Brian Mohr

Department Contact:

* Metals Shop/Ag. FFA Steve Lamars
* Art (jewelry) N/A
* Custodial N/A

Is the Welding and Brazing Plan in place? *Yes No*

Is the Plan current?  *Yes No*

Has the Plan been reviewed this school year? *Yes No*

Method or methods used to control airborne particulate matter?

Has training been conducted for affected personnel? *Yes No*

Type of welding equipment available

* Electric arch…………………. Yes No N/A
* Wire feed/TIG MIG………. Yes No N/A
* Electric spot weld………… Yes No N/A

Personal Protective Equipment: availability and condition

* Gloves………… Yes No N/A
* Goggles………… Yes No N/A
* Welding mask………… Yes No N/A
* Apron………… Yes No N/A
* Steel toed shoes………… Yes No N/A

Describe location of welding activities, example; out-of-doors, booth, floor, all of the above: