Checklist of E/OHS Activities for Machine Guarding

Program Contact Person: Barry Gappa

Is the Machine Guarding Plan for each affected work area in place? *Yes No*

Is the plan/plans current?  *Yes No*

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

Has a survey of all district fixed equipment been conducted?

 *Yes No*

 When was the evaluation completed? *\_1-22-2013\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

 Who conducted the evaluation? *\_Lee Carlson\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

 How are corrections documented? \_Activities Manual\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is all fixed equipment safeguarded to meet OSHA criteria? Yes No

Has the alternative MDE “best practices” criteria used to safeguard equipment? Yes No

Has equipment determined not in compliance scheduled for repair or replacement? Yes No

If replaced, was “best practices,” bid specification criteria used for procurement? Yes No

# Identified Fixed Equipment Locations

## *Location Building/Buildings Staff Affected # of item*

|  |  |  |  |
| --- | --- | --- | --- |
| Automotive Shop | N/A |  |  |
| Wood Shop |  |  |  |
| Custodial/Maintenance |  |  |  |
| Welding Shop | N/A |  |  |
| Ag Shop |  |  |  |
| Bus Garage | N/A |  |  |
| Art | N/A |  |  |
| Scene shop | N/A |  |  |
| Science | N/A |  |  |
|  |  |  |  |

Contracted technical services to review and recommend? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Name of person or contractor conducting survey? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

 *(date)*

Results of technical services located where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Checklist for minimum requirements:

* Power outage protection provided for required equipment
* Emergency stops provided for required equipment
* Safe work practice placards at applicable fixed tool stations
* Proper guards provided and used
* Color coding as prescribed by OSHA standards
* Non-slip surfaces by each piece of equipment
* Fixed equipment secured to prevent “walking” or movement

Has a log of employee accidents and near misses been established and used? Yes No

Annual training for affected staff is provided? Yes No

 Training conducted \_\_\_\_\_\_\_\_\_\_\_\_.

 *(date)*

 Training has been scheduled for \_\_\_\_\_\_\_\_\_\_\_\_.

 *(date)*