Checklist of E/OHS Activities for Compressed Gas Safety

Program Contact Person(s): Kristine Sellner/Eddie Jaskowiak

Primary Contact: Eddie Jaskowiak

Industrial Arts: N/A

Is the Compressed Gas Plan in place? *Yes* *No* *N/A*

Is the Plan current? *Yes* *No* *N/A*

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

Has the facility been surveyed for compressed gas inventories? *Yes* *No*

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

Training conducted on?

Are records established/maintained for gas inventory? *Yes* *No*

Note: Compress gas on site is not being used. 11/20/2018 SC

COMPRESSED GAS FIELD REVIEW

Compressed Gas Inventory

Date: 2/2/2018	*Program Contact Person: Shawn Hiebertsn*
Department: Technology	*Department Responsible Person: Shawn Hiebertsn*
Location: Metal Shop Area	
Cylinders: ❑ *O2 3*_____ ❑ *Acetylene 2*_____ ❑ *NH3*_____	❑ *CO2* _____ ❑ *Argon* _____ ❑ *Argon/CO2*_____*1*_____ ❑ *Other* _____

Compliance Check List

	Yes/	No
1. Are cylinders in well-ventilated area?	X	
2. Are cylinders stored separate from flammable by at least 20 feet?	X	
3. During storage are oxygen cylinders separated from fuel gas cylinders, unless on welding cart?	X	
4. Are cylinders kept away from sources of heat (below 130 F)?	X	
5. Are safety chains used at all times on both full and empty cylinders? (2/3rds from top of cylinder)	X	
6. Are empty cylinders maintained separate from full cylinders?	X	
7. Are cylinders kept away from sources of ignition such as electricity, excessive heat or oily rags?	X	
8. Are carts designed specifically for gas cylinders available?	X	
9. Are damaged cylinders, valves/hoses removed from service?	X	
10. Are all cylinders properly labeled with the contents?	X	