

## Checklist of E/OHS Activities for Welding and Brazing Safety

Program Contact Person(s) Kristine Sellner

Department Contact:

- Metals Shop/Ag. FFA Kristine Sellner
- 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? External negative air and internal filters

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:

Welding can be conducted indoors or out. The air filter is adequate to handle a significant particle load.

**Program is currently not being taught and equipment is being stored SC 10/02/2018**

