

Checklist of E/OHS Activities for Welding and Brazing Safety

Program Contact Person(s) N/A

Department Contact:

- Metals Shop:
- 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? None

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:

Note: The welding shop does not have adequate ventilation. It is recommended that ventilation be provided.

No welding classes are offered at this time. BP 2/5/2018

