

# Checklist of E/OHS Activities for Machine Guarding

Program Contact Person: Neal Mulder

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? \_\_\_\_\_

Who conducted the evaluation? \_\_\_\_\_

How are corrections documented? \_\_\_\_\_

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 **N/A**



## Identified Fixed Equipment Locations

<i>Location</i>	<i>Building/Buildings</i>	<i>Staff Affected</i>	<i># of item</i>
Automotive Shop			
Welding Shop			
Ag Shop			

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)*

