**Checklist of E/OHS Activities for Machine Guarding**

Program Contact Person: Brian Parrie

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**