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

Program Contact Person(s) Elizabeth Johnson

Department Contact:

* Metals Shop/Ag. FFA Elizabeth Johnson
* 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?

 Overhead hood

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, and floor, all of the above:

Most welding is performed in a booth under the hood.-EC 10-11-16