Power and Shop Equipment Safety Survey

Meets ASE Task: (Not specified by ASE)

**Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_ Time on Task \_\_\_\_\_\_\_\_\_\_**

**Make/Model/Year \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ VIN \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Evaluation: 4 3 2 1**

 \_\_\_\_\_ 1. Check the power and shop equipment in the shop, at a local shop, or dealer. Where

 was this survey taken? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ 2. List all shop equipment, such as hoists, floor jacks, and cranes, and not whether they

 are equipped with all needed safety devices.

 Shop Equipment Safety devices? If not, list:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Yes\_\_ No\_\_ (describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Yes\_\_ No\_\_ (describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Yes\_\_ No\_\_ (describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Yes\_\_ No\_\_ (describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Yes\_\_ No\_\_ (describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Yes\_\_ No\_\_ (describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ 3. List all power equipment, such as trouble

 lights, grinders, etc. and note whether they

 are equipped with all needed safety devices.

Power Equipment Safety devices? If not, list:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Yes\_\_ No\_\_ (describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Yes\_\_ No\_\_ (describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Yes\_\_ No\_\_ (describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Yes\_\_ No\_\_ (describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Yes\_\_ No\_\_ (describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_