[ ]  1. Walk through the shop(s) area of the school or a local shop or dealership and check for the following items:

Evaluation (Enter number from 4, 3, 2, 1) :\_\_\_\_\_\_\_\_\_

Meets ASE Task: Not specified by ASE

Time on Task:\_\_\_\_\_\_\_\_\_\_\_\_\_

Make/Model/Year:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

VIN:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Shop Safety Checklist**

 a. Shields on bench or pedestal grinders Yes\_\_\_\_\_\_ No\_\_\_\_\_\_ NA \_\_\_\_\_\_

 b. Exhaust hoses in good repair Yes\_\_\_\_\_\_ No\_\_\_\_\_\_ NA \_\_\_\_\_\_

 c. Fire extinguisher installed and charged Yes\_\_\_\_\_\_ No\_\_\_\_\_\_ NA \_\_\_\_\_\_

 d. First aid kit visible and fully stocked Yes\_\_\_\_\_\_ No\_\_\_\_\_\_ NA \_\_\_\_\_\_

 e. Fire blanket visible and useable Yes\_\_\_\_\_\_ No\_\_\_\_\_\_ NA \_\_\_\_\_\_

 f. Eye wash station visible and usable Yes\_\_\_\_\_\_ No\_\_\_\_\_\_ NA \_\_\_\_\_\_



[ ]  2. List anything that should be included in a safe shop that was not present.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  3. What items of personal protective equipment were being worn by service technicians?

 a. Safety glasses/face shield Yes\_\_\_\_\_\_ No\_\_\_\_\_\_ NA \_\_\_\_\_\_

 b. Protective gloves Yes\_\_\_\_\_\_ No\_\_\_\_\_\_ NA \_\_\_\_\_\_

 c. Hearing protection Yes\_\_\_\_\_\_ No\_\_\_\_\_\_ NA \_\_\_\_\_\_

 d. Bump cap Yes\_\_\_\_\_\_ No\_\_\_\_\_\_ NA \_\_\_\_\_\_