Power and Shop Equipment Safety Survey

Meets ASE Task: Not specified by ASE

Name:_____ Date:_____ Time on Task:_____

Make/Model/Year:_____ VIN:_____

Evaluation (Enter number from 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) _____
_____	Yes_____ No_____ (describe) _____