

Meets ASE Task: Not specified by ASE



Power and Shop Equipment Safety Survey

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) _____