

# Shop Safety Checklist

Meets ASE Task: ASE Foundational Task

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Time on Task: \_\_\_\_\_

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

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

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

- |  |         |        |        |
|--|---------|--------|--------|
| <input type="checkbox"/> Shields on bench or pedestal grinders   | Yes ___ | No ___ | NA ___ |
| <input type="checkbox"/> Exhaust hoses in good repair            | Yes ___ | No ___ | NA ___ |
| <input type="checkbox"/> Fire extinguisher installed and charged | Yes ___ | No ___ | NA ___ |
| <input type="checkbox"/> First aid kit visible and fully stocked | Yes ___ | No ___ | NA ___ |
| <input type="checkbox"/> Fire blanket visible and useable        | Yes ___ | No ___ | NA ___ |
| <input type="checkbox"/> Eye wash station visible and usable     | Yes ___ | No ___ | NA ___ |

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

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

- |   |         |        |        |
|---|---------|--------|--------|
| <input type="checkbox"/> Safety glasses/face shield | Yes ___ | No ___ | NA ___ |
| <input type="checkbox"/> Protective gloves          | Yes ___ | No ___ | NA ___ |
| <input type="checkbox"/> Hearing protection         | Yes ___ | No ___ | NA ___ |
| <input type="checkbox"/> Bump cap                   | Yes ___ | No ___ | NA ___ |