

| F. TECHNOLOGY EDUCATION | OK | Potential Problem | Recommended Action/Plan for Improvement | Date Corrected |
|---|----|-------------------|---|----------------|
| A comprehensive safety program is in place and includes demonstrations, written tests, and performance assessments for the safe operation of each machine | | | | |
| Student safety records, accident report forms, and parental safety authorization forms are maintained for each student | | | | |
| Properly sanitized personal protective equipment is provided | | | | |
| Lab rules are posted | | | | |
| Power machines are properly lubricated, guarded, and in good condition | | | | |
| Safety zones identified for each piece of stationary or portable equipment | | | | |
| Cutting edges are sharp and in good working order | | | | |
| Wires, plugs, and connectors are in good working order | | | | |
| Hoses and valves are in good working order | | | | |
| Automated equipment: cables are neat, wires are not frayed, limit switches and emergency switches are operational and unobstructed | | | | |
| Hand tools are sharp, properly stored, operational, and free of dirt and grease | | | | |
| Oily rags are disposed of in self-closing, noncombustible containers | | | | |
| Pressurized cylinders secured and canned properly | | | | |
| Welding curtains in welding area | | | | |
| Multipurpose 5ABC fire extinguishers with current inspection are readily accessible | | | | |
| Number of students appropriate for activities | | | | |
| Signs enforcing safe operation of machines are posted (i.e., jewelry removal, hair management) | | | | |
| Proper storage of flammable liquids | | | | |
| A noise assessment and reduction plan is in place | | | | |
| First aid kit is adequately stocked and readily accessible | | | | |

Signature of evaluator: _____ Date: _____

General and Specialized Classrooms • 7 of 9

| F. TECHNOLOGY EDUCATION - Continued | OK | Potential Problem | Recommended Action/Plan for Improvement | Date Corrected |
|--|----|-------------------|---|----------------|
| Proper ventilation for activities; proper ventilation for toxic vapors | | | | |
| Ladders in good condition provided where necessary | | | | |
| Heavy items are stored on lower shelves | | | | |
| Storage area is neat and clean | | | | |
| Proper disposal of waste materials | | | | |
| Other | | | | |

Signature of evaluator: _____ Date: _____