

Mandatory Safety Checklist for grades 8-12

Skills Ontario - Junk Drawer Races

All Students are to complete this MANDATORY Junk Drawer Races Safety Checklist in order to participate. This checklist must be completed before the team begins their activity. This checklist must be submitted in the final submission package.

Team (Team Number and Student First Names):	
School Name:	
School Board:	

<u>FIRES</u>	Yes	No
1. Is there anything that can easily catch fire around you?	<input type="checkbox"/>	<input type="checkbox"/>
2. Are fire extinguishers located close to the area where the activity will be built/tested?	<input type="checkbox"/>	<input type="checkbox"/>
<u>MEANS OF ESCAPE</u>	Yes	No
3. If there is fire, do you know how to exit/get out from where you are?	<input type="checkbox"/>	<input type="checkbox"/>
4. Is there anything on the ground that might get in your way from exiting?	<input type="checkbox"/>	<input type="checkbox"/>
<u>FIRST AID</u>	Yes	No
5. If you hurt yourself, is there someone around that could help?	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you know where to get a band aid if you cut yourself?	<input type="checkbox"/>	<input type="checkbox"/>
7. Does someone close by have their First Aid Certificate?	<input type="checkbox"/>	<input type="checkbox"/>
<u>SLIPS AND TRIPS</u>	Yes	No
8. Have slip and trip hazards been identified and controlled?	<input type="checkbox"/>	<input type="checkbox"/>
9. Are proper processes/equipment in place to deal with cleaning of spills?	<input type="checkbox"/>	<input type="checkbox"/>
10. Are you wearing appropriate footwear to perform your tasks?	<input type="checkbox"/>	<input type="checkbox"/>
11. Has congestion in your competition space been minimized?	<input type="checkbox"/>	<input type="checkbox"/>
<u>PERSONAL PROTECTIVE EQUIPMENT</u>	Yes	No
12. Is any specialized PPE required for the task?	<input type="checkbox"/>	<input type="checkbox"/>
13. Are you and everyone else assisting you wearing the appropriate PPE?	<input type="checkbox"/>	<input type="checkbox"/>

14. Have you inspected your PPE for any defects?	<input type="checkbox"/> <input type="checkbox"/>
15. Does the PPE fit correctly?	<input type="checkbox"/> <input type="checkbox"/>
<u>WORK EQUIPMENT</u>	Yes No
16. Are you aware of the equipment hazards?	<input type="checkbox"/> <input type="checkbox"/>
17. Are you using the equipment safely?	<input type="checkbox"/> <input type="checkbox"/>
18. Is all equipment safe for use?	<input type="checkbox"/> <input type="checkbox"/>
<u>HAZARDOUS SUBSTANCES</u>	Yes No
19. Have all hazardous substances been identified? (ex. fuel, cleaners, adhesives)	<input type="checkbox"/> <input type="checkbox"/>
20. Are all hazardous substances being stored and handled in a safe manner?	<input type="checkbox"/> <input type="checkbox"/>
21. Are you aware of hazards and safe handling procedures associated with hazardous substance in your competition?	<input type="checkbox"/> <input type="checkbox"/>
22. If your competition uses chemical base compounds, have you reviewed the Safety Data Sheets?	<input type="checkbox"/> <input type="checkbox"/>
23. If your competition uses chemical base compounds, are all MSDS sheets readily available?	<input type="checkbox"/> <input type="checkbox"/>
24. If required, do you know where the spill kits are?	<input type="checkbox"/> <input type="checkbox"/>

Any Safety Comments?