

Career & Technical Education

Safety Observation Form

District: _____ **Campus:** _____ **Date:** _____

Teacher _____ Room # _____

Check all that apply: Classroom _____ Lab _____ Shop _____

| Instructional Classroom Facilities | Suggested Activities |
|---|--|
| <p>1. Is the size of the facility adequate to ensure safety, quality education and training in relation to the program’s objectives? Yes _____ No _____</p> <p>Comments: *Facilities standards prior to Jan 1,2004 <u>Classrooms</u> @ secondary level- minimum of 28’ sq. /pupil or 700 sq. ft./room <u>Computer Labs</u> @ secondary level-minimum of 36’sq./pupil or 900 sq. ft./room <u>Science Lecture/Lab</u> @ secondary level-min of 50’ sq./pupil or 1,200 sq. ft./room</p> <p>*Facilities standards on or after Jan 1,2004 <u>Classrooms</u> @ secondary level- minimum of 28’ sq. /pupil or 700 sq. ft./room <u>Computer Labs</u> @ secondary level-minimum of 36’sq. /pupil or 900 sq. ft. /room for 25 students. 36 sq. ft. min /pupil should be added for each student in excess of 25. <u>Combination science lab/classroom</u> @ high school level-min of 1,400 sq. ft. /room. *The min size is adequate for 24 students; 58 sq. ft. /student shall be added to the min sq. ft. for each student in excess of 24.</p> | <p>Observe the size of the classroom, shop/lab</p> |

| | |
|---|--|
| <p>2. Is the number of training stations present, adequate to ensure safety, quality education and training in relation to the program’s objectives? Yes _____ No _____ N/A _____</p> <p>Comments:</p> | <p>Observe the number of training stations/students desk present in the classroom</p> |
| <p>3. Have the facilities been properly maintained to provide a safe learning and working environment? Yes _____ No _____</p> <p>Comments:</p> | <p>Observe maintenance of the facility in terms of tables/chairs/desk, lighting, windows, doors, flooring, heating/AC, etc.</p> |
| <p>4. Are efforts made to provide barrier-free facilities to accommodate students with disabilities? Yes _____ No _____</p> <p>Comments:</p> | <p>Are all door openings 36” wide? Are thresholds higher than 1 inch in height? Are isles and walkways free from trip hazards? http://www.ada.gov/ Are secured hand rails present for steps or ramps? Do wheelchair ramps exceed the maximum allowed slope of 1:12? http://www.ada.gov/</p> |
| <p>5. Are the facilities arranged in such a manner as to maximize instructional time, class supervision and student safety? Yes _____ No _____</p> <p>Comments:</p> | <p>View all facility components for suitability in carrying out instructional objectives and supervision.</p> |
| <p>6. Is the facility adequately cleaned on a daily basis? Yes _____ No _____</p> <p>Comments:</p> | <p>Review the cleaning schedule</p> |

| | |
|---|---|
| <p>7. When is the student work area cleaned? (project debris/trash discarded)</p> <p>After each class period? _____</p> <p>At the end of each school day? _____</p> <p>At the end of the week? _____</p> | <p>Ask the instructor to review their cleanup procedures.</p> |
| <p>Lab / Shop</p> | <p>Suggested Activities</p> |
| <p>1. Are the working conditions of the tools/equipment able to support the independent student needs enrolled in the largest class of students?</p> <p style="text-align: center;">Yes _____ No _____</p> <p><u>Comments:</u></p> | <p>Observe the condition of the equipment in relation to number of students enrolled in the largest class.</p> |
| <p>2. Is the number of the training stations adequate to support the independent student needs enrolled in the largest class of students?</p> <p style="text-align: center;">Yes _____ No _____</p> <p><u>Comments:</u></p> | <p>Observe the number of training stations in relation to the number of students enrolled in the largest class.</p> |
| <p>3. Do the tools/ equipment available meet the latest industry based standards for the program?</p> <p style="text-align: center;">Yes _____ No _____</p> <p>Are all Tools & Equipment in good working condition?</p> <p style="text-align: center;">Yes _____ No _____</p> <p>Do old/unused tools & equipment need to be removed from the program?</p> <p style="text-align: center;">Yes _____ No _____</p> <p><u>Comments:</u></p> | <p>Observe equipment to determine if it simulates that which is currently used in industry.</p> |
| <p>4. Do all tools and equipment have the manufacturer issued safety guards/shield in place, according to the manufacture's specifications?</p> <p style="text-align: center;">Yes _____ No _____</p> <p><u>Comments:</u></p> | <p>Observe all tools, equipment and machinery for missing guards, shields or other parts.</p> |

| <p>5. Are all safety guards and shields properly adjusted, according to the manufacture's specifications?</p> <p style="text-align: center;">Yes _____ No _____</p> <p>Comments:</p> | <p>Observe all guards and shields for gaps, cracks, large spaces, broken pieces, etc.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <p>6. Are the following safety device :</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 20%; text-align: center;"><u>Present?</u></th> <th style="width: 20%; text-align: center;"><u>Condition of the device?</u></th> </tr> </thead> <tbody> <tr> <td>A. First Aid Kit</td> <td>Yes ____ NO ____</td> <td>Good ____ Poor ____</td> </tr> <tr> <td colspan="3">* (Remove: Aspirin, Pain relievers, etc.)</td> </tr> <tr> <td>B. Fire Extinguishers</td> <td>Yes ____ # ____</td> <td>Date of last check _____</td> </tr> <tr> <td>C. Eye Wash Station</td> <td>Yes ____ NO ____</td> <td>Good ____ Poor ____</td> </tr> <tr> <td>D. Safety Glasses</td> <td>Yes ____ NO ____</td> <td>Good ____ Poor ____</td> </tr> <tr> <td colspan="3">E. Sanitizing Eye Protection</td> </tr> <tr> <td>Storage Cabinet</td> <td>Yes ____ NO ____</td> <td>Good ____ Poor ____</td> </tr> <tr> <td colspan="3">F. Paint/Chemical/ Hazardous Liquids Non-Flammable</td> </tr> <tr> <td>Storage Cabinet</td> <td>Yes ____ NO ____</td> <td>Good ____ Poor ____</td> </tr> <tr> <td>G. Emergency Exits Signage</td> <td>Yes ____</td> <td>NO ____</td> </tr> <tr> <td>Backup Battery (if applicable)</td> <td>Good ____</td> <td>Poor ____</td> </tr> <tr> <td>H. Emergency Lighting Equipment</td> <td>Yes ____</td> <td>NO ____</td> </tr> <tr> <td>Backup Battery</td> <td>Good ____</td> <td>Poor ____</td> </tr> <tr> <td>I. Fire/Smoke Alarm</td> <td>Yes ____</td> <td>NO ____</td> </tr> <tr> <td></td> <td>Good ____</td> <td>Poor ____</td> </tr> <tr> <td>CO Detector(if applicable)</td> <td>Yes ____</td> <td>NO ____</td> </tr> <tr> <td></td> <td>Good ____</td> <td>Poor ____</td> </tr> <tr> <td>J. Emergency Safety Shower</td> <td>Yes ____</td> <td>NO ____</td> </tr> <tr> <td></td> <td>Good ____</td> <td>Poor ____</td> </tr> <tr> <td>K. Fire Blanket</td> <td>Yes ____</td> <td>NO ____</td> </tr> <tr> <td></td> <td>Good ____</td> <td>Poor ____</td> </tr> </tbody> </table> | | <u>Present?</u> | <u>Condition of the device?</u> | A. First Aid Kit | Yes ____ NO ____ | Good ____ Poor ____ | * (Remove: Aspirin, Pain relievers, etc.) | | | B. Fire Extinguishers | Yes ____ # ____ | Date of last check _____ | C. Eye Wash Station | Yes ____ NO ____ | Good ____ Poor ____ | D. Safety Glasses | Yes ____ NO ____ | Good ____ Poor ____ | E. Sanitizing Eye Protection | | | Storage Cabinet | Yes ____ NO ____ | Good ____ Poor ____ | F. Paint/Chemical/ Hazardous Liquids Non-Flammable | | | Storage Cabinet | Yes ____ NO ____ | Good ____ Poor ____ | G. Emergency Exits Signage | Yes ____ | NO ____ | Backup Battery (if applicable) | Good ____ | Poor ____ | H. Emergency Lighting Equipment | Yes ____ | NO ____ | Backup Battery | Good ____ | Poor ____ | I. Fire/Smoke Alarm | Yes ____ | NO ____ | | Good ____ | Poor ____ | CO Detector(if applicable) | Yes ____ | NO ____ | | Good ____ | Poor ____ | J. Emergency Safety Shower | Yes ____ | NO ____ | | Good ____ | Poor ____ | K. Fire Blanket | Yes ____ | NO ____ | | Good ____ | Poor ____ | <p>Verify if all Safety devices listed are present and note their condition.</p> <p>Note any specific safety concerns!</p> |
| | <u>Present?</u> | <u>Condition of the device?</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A. First Aid Kit | Yes ____ NO ____ | Good ____ Poor ____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| * (Remove: Aspirin, Pain relievers, etc.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| B. Fire Extinguishers | Yes ____ # ____ | Date of last check _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| C. Eye Wash Station | Yes ____ NO ____ | Good ____ Poor ____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| D. Safety Glasses | Yes ____ NO ____ | Good ____ Poor ____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| E. Sanitizing Eye Protection | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Storage Cabinet | Yes ____ NO ____ | Good ____ Poor ____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| F. Paint/Chemical/ Hazardous Liquids Non-Flammable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Storage Cabinet | Yes ____ NO ____ | Good ____ Poor ____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| G. Emergency Exits Signage | Yes ____ | NO ____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Backup Battery (if applicable) | Good ____ | Poor ____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| H. Emergency Lighting Equipment | Yes ____ | NO ____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Backup Battery | Good ____ | Poor ____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I. Fire/Smoke Alarm | Yes ____ | NO ____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Good ____ | Poor ____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CO Detector(if applicable) | Yes ____ | NO ____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Good ____ | Poor ____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| J. Emergency Safety Shower | Yes ____ | NO ____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Good ____ | Poor ____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| K. Fire Blanket | Yes ____ | NO ____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Good ____ | Poor ____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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|---|------------|------------|--|
| L. Emergency Evacuation | | | Verify if all Safety devices listed are present. Note any specific safety concerns! |
| Routes Map Posted | Yes _____ | NO _____ | |
| M. Fire Drill Procedures Posted | | | |
| | Yes _____ | NO _____ | |
| N. Broken Glass Container | | | |
| | Yes _____ | NO _____ | |
| O. Sharps Container | | | |
| | Yes _____ | NO _____ | |
| P. Respirators/ Dust Mask | | | |
| | Yes _____ | NO _____ | |
| Q. Gloves | | | |
| | Yes _____ | NO _____ | |
| R. Face Shields/Goggles | | | |
| | Yes _____ | NO _____ | |
| S. Fume Hood/Exhaust System | | | |
| | Yes _____ | NO _____ | |
| | Good _____ | Poor _____ | |
| T. Oxygen/ Fuel / Helium Cylinders Secured | | | |
| | Yes _____ | NO _____ | |
| Designate Full / Empty status | | | |
| | Yes _____ | NO _____ | |
| U. Natural Gas System | | | |
| | Yes _____ | NO _____ | |
| Emergency Shut off | | | |
| | Yes _____ | NO _____ | |
| V. Faucet/ Sink/ Drains Issues | | | |
| | Yes _____ | NO _____ | |
| Emergency Water shut off | | | |
| | Yes _____ | NO _____ | |
| W. Welding Equipment | | | |
| Helmets/Booths/Curtains | | | |
| | Yes _____ | NO _____ | |
| | Good _____ | Poor _____ | |
| X. Electrical Circuits Labeled | | | |
| | Yes _____ | NO _____ | |
| Y. Access to Main Electrical Breaker | | | |
| | Yes _____ | NO _____ | |
| Emergency Shut off | | | |
| | Yes _____ | NO _____ | |
| Z. Water Heater (if applicable) | | | |
| | Yes _____ | NO _____ | |
| * Temperature Setting _____ | Good _____ | Poor _____ | |

AA. Procedures for Disposition of used oils
 (Cooking, motor, etc.) Yes _____ NO _____

AB. Procedures for Disposition of Lab/Research Materials
 Yes _____ NO _____

AC. Procedures for Disposition of Animal Waste
 Yes _____ NO _____
 Good _____ Poor _____

AD. Used Biomedical Materials
Container Yes _____ NO _____
 Good _____ Poor _____

AE. At least one ADA Accessible FCS Lab Station
(Sink , Appliances, Desk, etc.) Yes _____ NO _____
 Food Allergen Poster Yes _____ NO _____

AF. Student Safety Tests on file Yes _____ NO _____

AG. Current Inventory List on File Yes _____ NO _____
Copy filed with CTE Administrator Yes _____ NO _____

AH. Does the teacher model correct safety procedures each school day?
 Yes _____ NO _____

AI. Who is responsible for securing the facility on a daily basis?

AJ. Are the locking mechanisms on all doors and windows functioning at the manufactures recommendations?
 Yes _____ NO _____

7. Are there any other potential Safety issues or Concerns not listed in question 6?

Inspect facility for any roof leaks, electrical, plumbing, heating, ventilation or A/C problems/issues.

| | |
|--|---|
| <p><u>Comments:</u></p> <p>8. Is storage space functional and adequate for instructional materials, supplies, equipment, and projects of the program?</p> <p><u>Comments:</u></p> | <p>Observe storage space</p> |
| <p>9. Is adequate office space provided that contains necessary equipment (computer, printer, telephone, desk, etc.)?</p> <p><u>Comments:</u></p> | <p>Observe office space</p> |
| <p>10. Is a clean-up wash basin available to students?</p> <p>Are the necessary items present : (Soap, Hot Water, paper towels, hand sanitizer)?</p> <p><u>Comments:</u></p> <p>11. Are there separate changing facilities available for both male and female students?</p> <p><u>Comments:</u></p> <p>12. When are the tools & lab materials put in their correct storage area?</p> <p>After each class period? _____</p> <p>At the end of each school day? _____</p> <p>At the end of the week? _____</p> | <p>Observe the wash basin area</p> <p>Observe changing facilities for male and female students.</p> <p>Ask the instructor to review their cleanup procedures.</p> |

| <p>13. Is an appropriate outside, lockable storage area provided for storing hazardous outdoor materials? (if applicable)</p> <p><u>Comments:</u></p> | <p>Check hazmat storage area.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|-------|------------------|------------------|------------------|-------|-------|-------|--------------------|-------|-------|-------|------------------|-------|-------|-------|----------------|-------|-------|-------|--|--|--|--|-------|-------|-------|-------|-------|-------|-------|-------|--------|-------|-------|-------|--|--|--|--|--|-------|-------|-------|---------------------------------------|--|--|--|--|-------|-------|-------|--|
| <p>14. Is there SDS (Safety Data Sheets) on file for all Hazardous products/chemicals used or stored in the classroom, shop, lab, etc.?</p> <p><u>Comments:</u></p> | <p>Review SDS safety documents and procedures for keeping documents on file and accessible.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>15. Has this teacher received any of the following trainings:</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;"></th> <th style="width: 15%;">Yes</th> <th style="width: 15%;">NO</th> <th style="width: 50%;">Date of Training</th> </tr> </thead> <tbody> <tr> <td>First Aid</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Blood borne</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Pathogens</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Choking</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td colspan="4">Cardio-Pulmonary Resuscitation(CPR)</td> </tr> <tr> <td> Adult</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td> Child</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td> Infant</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td colspan="4">Automated External Defibrillation (AED)</td> </tr> <tr> <td></td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td colspan="4">OSHA Chemical Safety Standards</td> </tr> <tr> <td></td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table> | | Yes | NO | Date of Training | First Aid | _____ | _____ | _____ | Blood borne | _____ | _____ | _____ | Pathogens | _____ | _____ | _____ | Choking | _____ | _____ | _____ | Cardio-Pulmonary Resuscitation(CPR) | | | | Adult | _____ | _____ | _____ | Child | _____ | _____ | _____ | Infant | _____ | _____ | _____ | Automated External Defibrillation (AED) | | | | | _____ | _____ | _____ | OSHA Chemical Safety Standards | | | | | _____ | _____ | _____ | <p>Review the instructor's personnel folder for the listed certifications.</p> |
| | Yes | NO | Date of Training | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| First Aid | _____ | _____ | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Blood borne | _____ | _____ | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Pathogens | _____ | _____ | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Choking | _____ | _____ | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Cardio-Pulmonary Resuscitation(CPR) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Adult | _____ | _____ | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Child | _____ | _____ | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Infant | _____ | _____ | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Automated External Defibrillation (AED) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | _____ | _____ | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OSHA Chemical Safety Standards | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | _____ | _____ | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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|---|--|
| <p>CDL Bus Driver</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Concussion Education (2hrs)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Other: _____</p> <p>_____</p> <p>_____</p> | |
|---|--|

*This instrument can be used as one source of formative data in the CTE Program Safety Evaluation process.

Evaluator's Name: _____

Evaluator's Signature: _____

Date(s) of Safety Evaluation: _____

