Career & Technical Education

Safety Observation Form

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

Teacher _____ Room # _____

Check all that apply: Classroom _____ Lab_____ Shop _____

Instructional Classroom Facilities	Suggested Activities
1. Is the size of the facility adequate to ensure safety, quality education and training in relation to the program's objectives? **Yes _____ No _____** **Comments:** ***Facilities standards prior to Jan 1,2004** Classrooms @ secondary level- minimum of 28' sq. /pupil or 700 sq. ft./room Computer Labs @ secondary level-minimum of 36'sq./pupil or 900 sq. ft./room Science Lecture/Lab @ secondary level-min of 50' sq./pupil or 1,200 sq. ft./room ***Facilities standards on or after Jan 1,2004** Classrooms @ secondary level- minimum of 28' sq. /pupil or 700 sq. ft./room Computer Labs @ 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. Combination science lab/classroom @ 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.	Observe the size of the classroom, shop/lab

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_____** **Comments:**	Observe the number of training stations/students desk present in the classroom
3. Have the facilities been properly maintained to provide a safe learning and working environment? **Yes _____ No _____** **Comments:**	Observe maintenance of the facility in terms of tables/chairs/desk, lighting, windows, doors, flooring, heating/AC, etc.
4. Are efforts made to provide barrier-free facilities to accommodate students with disabilities? **Yes _____ No _____** **Comments:**	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/
5. Are the facilities arranged in such a manner as to maximize instructional time, class supervision and student safety? **Yes _____ No _____** **Comments:**	View all facility components for suitability in carrying out instructional objectives and supervision.
6. Is the facility adequately cleaned on a daily basis? **Yes _____ No _____** **Comments:**	Review the cleaning schedule

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

5. Are all safety guards and shields properly adjusted, according to the manufacture's specifications? **Yes _____ No _____** **Comments:**	Observe all guards and shields for gaps, cracks, large spaces, broken pieces, etc.
6. Are the following safety device : **Present? Condition of the device?** **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 _____	Verify if all Safety devices listed are present and note their condition. Note any specific safety concerns!

L. Emergency Evacuation Routes Map Posted	Yes _____ NO _____	Verify if all Safety devices listed are present. Note any specific safety concerns!
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? **Comments:**	Inspect facility for any roof leaks, electrical, plumbing, heating, ventilation or A/C problems/issues.

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

13. Is an appropriate outside, lockable storage area provided for storing hazardous outdoor materials? (if applicable) **Comments:**	Check hazmat storage area.
14. Is there SDS (Safety Data Sheets) on file for all Hazardous products/ chemicals used or stored in the classroom, shop, lab, etc.? **Comments:** 15. Has this teacher received any of the following trainings: 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** _____ _____ _____ **CDL Bus Driver** _____ _____ _____	Review SDS safety documents and procedures for keeping documents on file and accessible. Review the instructor's personnel folder for the listed certifications.

Concussion Education (2hrs) _____ _____ _____ **Other:**_____ _____ _____	

*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:_____