

HEALTH & SAFETY WORKSHEET

PERSONAL PROTECTIVE EQUIPMENT (PPE):

Tick the personal protective equipment (PPE) needed to complete this activity:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> Footwear | <input checked="" type="checkbox"/> Overalls | <input checked="" type="checkbox"/> Safety glasses | <input type="checkbox"/> Safety gloves |
| <input type="checkbox"/> Welding mask | <input type="checkbox"/> Earmuffs / earplugs | <input type="checkbox"/> Hard hat | <input type="checkbox"/> Hi-vis vest |

List any other personal protective equipment (PPE) required:

PLANNING:

Write or draw about what you plan to do to complete this activity.

Motor SN: 1032265365

Pump SN: 106156

Name	Sign	date
Hunter Morgan	<i>H. Morgan</i>	7/3/17
Cade Haurak	<i>C. Haurak</i>	07/03/2017
Jillier De La Cruz	<i>J. De La Cruz</i>	07/03/17
Robert Alexander	<i>R. Alexander</i>	07/03/17

TUTOR SIGNATURE:

DATE: