

## 9 Appendix A: Safety Checklist

Date:

Location/Area:

Inspected by:

Teams should review the condition of the inspected area per the criteria in the checklist below. Assess each item and answer the question by placing a “√” in the appropriate column. For any questions answered “no” below, complete a Corrective Action Plan (see next page).

Safety advisors will use a similar checklist when they inspect the pit and individual pit stations during competition events.

Key: Y = Yes N = No NA = Not applicable

NO.	ITEM	Y	N	NA	LOCATION/NOTES
A	<u>HAND &amp; PORTABLE TOOLS</u>				
1	Are powered tools in good condition with no evidence of damage?				
2	Are tools properly stored when not in use?				
3	Are guards and safety devices in place and operational?				
B	<u>CHEMICALS</u>				
1	Are chemical containers properly labeled and in good condition with no sign of damage?				
2	Are SDSs posted/readily available and team members aware?				
C	<u>ELECTRICAL</u>				
1	Are cords and plugs free of broken insulation, exposed wiring, and provided with grounded connections, or double insulated?				
2	Are electrical outlets overloaded? (1 power strip used per outlet)				
3	Is the battery charger situated so there is air circulating around it?				

## 10 Appendix B: Corrective and Preventative Action Plan

Use this Preventative and Corrective Action Plan to monitor changes your mentor, safety captain, or the event safety advisor recommends.

ID	DESCRIPTION AND ACTION	INITIATED	CLOSED	RESPONSIBLE
0.1	(Example) Unsafe placement of shelf in pit Shelf placed while standing on stacked crates to be able to reach mount area. Action: Team implemented procedure to use small ladder when assembling and dismantling pit.	01/15/20xx	03/01/20xx	Joan Builder

**Comments:**

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# NEAR-MISS/HAZARD NOTIFICATION



## Camdenton *FIRST* LASER 3284

(Check One) <input type="checkbox"/> Near Miss or <input type="checkbox"/> Hazardous Condition/Unsafe Act	
Date & Time of Near Miss or Hazard:	
Location of Near Miss or Hazard:	
(OPTIONAL) Reported/Witnessed By:	
<b>Description of Near Miss Incident, Hazardous Condition or Unsafe Act Observation:</b>	
<b>Corrective Action:</b>	
Safety Coordinator or Safety Committee Representative: _____ Facility Manager: _____	Date signed: _____ Date signed: _____