

OCTELAB SAFETY NET

APPENDIX A - PROJECT / LEARNING ACTIVITY MATERIALS, PHYSICAL RESOURCES

PROJECT / LEARNING ACTIVITY TITLE: Tire Changing

COURSE CODE AND TITLE: TTJ3/4M

VERSION PREPARED DATE: April 20, 2012

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PROJECT / LEARNING ACTIVITY MATERIALS LIST FOR THIS PROJECT / LEARNING ACTIVITY

MATERIAL	QUANTITY	DESCRIPTION	SOURCE	WHMIS MSDS ATTACHED	SAFE STORAGE	WASTE DISPOSAL
Tires, rims	as required	remove and install tire	[] new, purchased [x] new, donated from community, industry [x] recycled from inside school [x] recycled from outside school PREPARATION REQUIRED FOR USE: None DETAILS: environmental disposal	[] Y [x] N	Fenced in unit	tire recycling through the tire stewardship program

PHYSICAL RESOURCES USED FOR THIS PROJECT / LEARNING ACTIVITY

EQUIPMENT, TOOL, MACHINE	SUBJECT – SPECIFIC NEEDS	INSPECTED FOR SAFETY FEATURES	STUDENT TRAINING PLAN IDENTIFIED	MAINTENANCE SCHEDULE
<p>NOTE: TEACHER EXPERIENCE AND SAFETY PROFICIENCY IS ASSUMED.</p> <p>DETAIL EQUIPMENT: Tire Changer</p> <p>MANUAL APPLICABLE / AVAILABLE (LOCATION): Given to each student prior to machine operation(filing Cabinet)</p>	<p>MACHINE GUARDING AND SHIELDING APPLICABLE</p> <p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A</p> <p>EMERGENCY STOP / PANIC BUTTON APPLICABLE</p> <p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A</p> <p>LOCK-OUT TAG APPLICABLE</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A</p> <p>OTHER (SUBJECT-SPECIFIC)</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A</p>	<p><input checked="" type="checkbox"/> Teacher DATE: _____</p> <p><input type="checkbox"/> Board DATE: _____ NA_____</p>	<p>DETAIL STEPS: ECL sign out, video, safety awareness, written test, demonstration, operation, report writing, practical testing, sign off</p> <p>SIGNAGE: Before and after completion</p> <p>RESOURCES: Operation Video, manual, safety feature video,</p> <p>FREQUENCY OF RETRAINING ADVISED: Every new operator</p>	<p>DAILY: X</p> <p>WEEKLY: X</p> <p>MONTHLY: X</p> <p>ANNUALLY: X</p> <p>CONTACT FOR REPAIR: Coats</p>