HEALTH AND SAFETY PASSPORT

# NAME: FORM / CLASS:

PHOTO (OPTIONAL)

**SCHOOL YEAR:**

WORLD ASSOCIATION OF TECHNOLOGY TEACHERS

[https://www.facebook.com/groups/254963448192823/](http://www.facebook.com/groups/254963448192823/)

[www.technologystudent.com](http://www.technologystudent.com/) © 2024

V.Ryan © 2024

|  |  |  |
| --- | --- | --- |
| **Place a tick in the box that represents your Health and Safety Status. Add the date.** | **YES** | **NO** |
| **EXAMPLE** | 10/9/24 |  |
| I attended the Health and Safety lesson(s) at the beginning of the School Year |  |  |
| I have successfully completed Health and Safety Booklet One |  |  |
| I have successfully completed Health and Safety Booklet Two |  |  |
| My Safety Declaration Form has been signed and returned to school. I understand its contents |  |  |

**PUPIL SIGNATURE**

**TEACHER SIGNATURE OR STAMP**

Date:

Date:

**TEACHER SIGNATURE OR STAMP**

**PUPIL SIGNATURE**

|  |  |  |  |
| --- | --- | --- | --- |
| Place a tick in the box that represents your Health and Safety Status. Add the date. | **I DO NOT UNDERSTAND** | **I AM BEGINNING TO UNDERSTAND** | **I UNDERSTAND** |
| EXAMPLE |  |  | 10/9/24 |
| I understand general workshop safety rules, as outlined in booklets 1 and 2 |  |  |  |
| **I must NOT USE machines and equipment, unless I have received safety training** |  |  |  |
| I know the positions and purpose of the **Emergency Stop buttons** |  |  |  |
| **Goggles** must be worn when using machines and when indicated by my teacher |  |  |  |
| I have received safety training in the use of a **hand ﬁle** |  |  |  |
| I have received safety training in the use of a **coping saw** |  |  |  |

**TEACHER SIGNATURE OR STAMP**

**PUPIL SIGNATURE**

|  |  |  |  |
| --- | --- | --- | --- |
| Place a tick in the box that represents your Health and Safety Status. Add the date. | **I DO NOT UNDERSTAND** | **I AM BEGINNING TO UNDERSTAND** | **I UNDERSTAND** |
| I have received safety training in the use of the **hand saw** |  |  |  |
| I have received safety training in the use of a **glue gun** |  |  |  |
| I have received safety training in the use of a **hand drill** |  |  |  |
| I have received safety training in the use of a **strip heater** |  |  |  |
| I have received safety training in the use of a **craft knife** |  |  |  |
| I have received safety training in the use of a **mallet and chisel** |  |  |  |
| I have received safety training in the use of a **sanding disk** |  |  |  |

**TEACHER SIGNATURE OR STAMP**

**PUPIL SIGNATURE**

|  |  |  |  |
| --- | --- | --- | --- |
| Place a tick in the box that represents your Health and Safety Status. Add the date. | **I DO NOT UNDERSTAND** | **I AM BEGINNING TO UNDERSTAND** | **I UNDERSTAND** |
| I have received safety training in the use of the **fretsaw / scrollsaw** |  |  |  |
| I have received safety training in the use of a **machine drill** |  |  |  |
| I have received safety training in the use of a **vacuum former** |  |  |  |
| I have received safety training in the use of a **polishing / buﬃng machine** |  |  |  |
| I have received safety training in the use of a **soldering iron** |  |  |  |
|  |  |  |  |
|  |  |  |  |

**TEACHER SIGNATURE OR STAMP**

**PUPIL SIGNATURE**

|  |  |  |  |
| --- | --- | --- | --- |
| Place a tick in the box that represents your Health and Safety Status. Add the date. | **I DO NOT UNDERSTAND** | **I AM BEGINNING TO UNDERSTAND** | **I UNDERSTAND** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |