HEALTH AND SAFETY PASSPORT

NAME:		РНОТО
FORM / CLASS:		(OPTIONAL)
SCHOOL YEAR:		
WORLD ASSOCIATION OF TECHNOLOGY TEACHERS https://www.facebook	com/groups/254963448192823/ www.techno	ologystudent.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		

TEACHER SIGNATURE OR STAMP

Date:

PUPIL SIGNATURE

Date:

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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	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			

PUPIL SIGNATURE	TEACHER SIGNATURE OR STAMP
Date:	Date:

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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	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			

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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	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			

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PUPIL SIGNATURE	OR STAMP
Date:	Date: