

Student Name (first and last name) _____ Date _____ Class Period _____

Room 401: General Classroom Safety Test (This test is used with remote clickers. Any question missed must have the correct answer filled in below the question.)

True or False answers only. Only correct those questions you missed. Tell me why the answer is now correct.

1. (True/False) Students should NEVER cut toward your or anyone's skin or body.

Corrected answer: _____

2. (True/False) Shoes which have toes showing are ok to wear in this classroom.

Corrected answer: _____

3. (True/False) Long Hair and loose clothing must be secured and out of the way when using tools.

Corrected answer: _____

4. (True/False) It is ok to leave scraps of wood or tools on the floor while you are working.

Corrected answer: _____

5. (True/False) Lanyards and dangling jewelry are removed when you enter class at ALL TIMES.

Corrected answer: _____

6. (True/False) You must wear safety glasses or goggles when using tools or if you are near someone using tools.

Corrected answer: _____

7. (True/False) Keep fingers at least 2 inches clear of saw blades.

Corrected answer: _____

8. (True/False) When tools are being used in the main shop room the student is required to wear safety glasses or goggles: _____

9. (True/False) It is ok to use a tool differently than it was designed to be used.

Corrected answer: _____

10. (True/False) No horseplay, running, standing on tables or chairs, throwing objects or pushing of others.

Corrected answer: _____

11. (True/False) It is ok to test if something is hot or sharp by gently touching it with my finger.

Corrected answer: _____

12. (True/False) I agree to follow these rules.

If you need clarification of any above rule please ask it now. If there is a rule that you do not like, or feel is unfair, please tell the class now so we can discuss it. Students who refuse to agree to follow these rules will not be allowed to use any shop tools in this classroom.

13. (True/False) I understand that if I do not follow these safety rules that it could result in my injury or an injury to another person. I also understand that failure to follow these rules will result in consequences that could include loss of use of certain tools, retraining and retesting, completion of a safety violation report or other consequences deemed appropriate by parents, teachers and administration.

I have taken this test and understand that I cannot use tools until I have passed (with a 100%) the testing of that tool(s) **and been given the ok by Mr. Brager**. I will never use tools that I have not been certified (tested and trained) on and have been given approval to use by Mr. Brager

Student Signature (first and last name) _____

Date _____