

PROJECT / LEARNING ACTIVITY MATERIALS LIST

MATERIAL	QUANTITY	DESCRIPTION	SOURCE	WHMIS MSDS ATTACHED	SAFE STORAGE	WASTE DISPOSAL
Utility Knives or X-Acto knives	approximately 2 for each group .		<input type="checkbox"/> X] new, purchased <input type="checkbox"/>] new, donated from community, industry <input type="checkbox"/>] recycled from inside school <input type="checkbox"/>] recycled from outside school PREPARATION REQUIRED FOR USE: DETAILS:	<input type="checkbox"/>] Y <input checked="" type="checkbox"/> x] N	<input checked="" type="checkbox"/> x] Y <input type="checkbox"/>] N	<input type="checkbox"/>] Y <input checked="" type="checkbox"/> x] N
Acrylic Paint	One bottle of each colour or 6 bottles per group.		<input type="checkbox"/> X] new, purchased <input type="checkbox"/>] new, donated from community, industry <input type="checkbox"/>] recycled from inside school <input type="checkbox"/>] recycled from outside school PREPARATION REQUIRED FOR USE: DETAILS:	<input type="checkbox"/>] Y <input checked="" type="checkbox"/> x] N <input type="checkbox"/>] Y <input checked="" type="checkbox"/> x] N	<input checked="" type="checkbox"/> x] Y <input type="checkbox"/>] N	<input type="checkbox"/>] N <input type="checkbox"/>] Y <input checked="" type="checkbox"/> x] N
Cardboard – sheets or boxes, thin width preferred.			<input checked="" type="checkbox"/> x] new, purchased <input checked="" type="checkbox"/> x] new, donated from community, industry <input checked="" type="checkbox"/> x] recycled from inside school <input checked="" type="checkbox"/> x] recycled from outside school PREPARATION REQUIRED FOR USE:	<input type="checkbox"/>] Y <input checked="" type="checkbox"/> x] N <input type="checkbox"/>] Y <input checked="" type="checkbox"/> x] N	<input checked="" type="checkbox"/> x] Y <input type="checkbox"/>] N	<input type="checkbox"/>] Y <input checked="" type="checkbox"/> x] N

			DETAILS:			
<u>Hand saw & Mitre Box</u>	Two		<input checked="" type="checkbox"/> new, purchased <input type="checkbox"/> new, donated from community, industry <input checked="" type="checkbox"/> recycled from inside school <input type="checkbox"/> recycled from outside school PREPARATION REQUIRED FOR USE: DETAILS:	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N
<u>Hot Glue Gun(s)-</u>	<u>one per group.</u> <u>large size</u> <u>preferred.</u>		<input checked="" type="checkbox"/> new, purchased <input type="checkbox"/> new, donated from community, industry <input type="checkbox"/> recycled from inside school <input type="checkbox"/> recycled from outside school PREPARATION REQUIRED FOR USE: DETAILS:	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N

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: Glue Guns & Mitre Box</p> <p>MANUAL APPLICABLE / AVAILABLE (LOCATION):</p>	<p>MACHINE GUARDING AND SHIELDING APPLICABLE</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A</p> <p>EMERGENCY STOP / PANIC BUTTON APPLICABLE</p> <p><input type="checkbox"/> YES <input checked="" 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 type="checkbox"/> Teacher DATE: _____</p> <p><input type="checkbox"/> Board DATE: _____</p>	<p>DETAIL STEPS: Teacher Presentation or OCTE Safety Passport</p> <p>SIGNAGE: None</p> <p>RESOURCES: Hand out</p> <p>FREQUENCY OF RETRAINING ADVISED: Beginning of Each Unit</p>	<p>DAILY:</p> <p>WEEKLY: Yes</p> <p>MONTHLY:</p> <p>ANNUALLY:</p> <p>CONTACT FOR REPAIR:</p>