***Instructions: One completed form is required per group (preferably typed, or very neatly handwritten) and submitted to your instructor/faculty advisor for review.***

|  |
| --- |
| Project Name and Team Information |
| Course: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Instructor/Faculty advisor(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Project Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Project Team Members:   |  |  |  | | --- | --- | --- | |  | Name | E-mail Address | | 1 |  |  | | 2 |  |  | | 3 |  |  | | 4 |  |  | | 5 |  |  |   If you are working with an outside company or organization, please specify:  Name of Company/Organization:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name of Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone Number of Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| Project Description |
| *Please provide a brief description* ***written for the general public*** *describing your project. (This information will likely be shared with the general public leading up to the Showcase.)* | |

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| Project Location |
| *Where will the design, construction, and testing of your project occur?* |

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| --- |
| Tools and Machines |
| *Identify any tools and machines that you are using or plan to use in the construction or testing of your project:* |

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| Hazardous Materials |
| Will you be working with hazardous materials? Yes No Not Sure  List or attach an inventory of hazardous materials (name and manufacturer)\*:  \* Attach a safety data sheet (SDS) for all hazardous materials. |

**Based upon the information above, complete the following section by placing an “X” in the appropriate boxes.**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Equipment Hazards** | | N/A | | | | | | | |
|  | Machinery (Mills, Lathe, etc.)\* | | |  | Power Tools\* | | |  | Hand Tools | |
|  | Flying Particles/Dust | | |  | UV Radiation (Welding/Torching) | | |  | Compressed Gas: Oxygen/Acetylene | |
|  | High Noise Levels | | |  | Pinch Points | | |  | Other: Exposed Moving Parts | |
| **Chemical Hazards** | | N/A | | | | | | | |
| **Type of Chemical** | | | | | | **Chemical Handling** | | | |
|  | Petroleums/Oils | |  | | Acids (pH <7) |  | | | Pouring/Mixing Chemicals |
|  | Explosives/Flammables | |  | | Bases (pH >7) |  | | | Potential for Splash/Mist |
|  | Toxics | |  | | Reactives |  | | | Hazardous Waste Generation |
| **Airborne Hazards** | | N/A | | | | | | | |
|  | Concrete Dust | |  | | Welding/Cutting/Soldering Fumes |  | | | Wood, Dirt, or Metal Dust |
| **Energy Hazards** | | N/A | | | | | | | |
|  | Lasers | |  | | Pressurized Systems |  | | | Soldering |
|  | High Temperatures | |  | | Electricity (High/Low Volt.) |  | | | Hydraulics or Pneumatics |
| **Miscellaneous Hazards** | | N/A | | | | | | | |
|  | Working in High Temperatures | | |  | Working Near Roadways | |  | | Lifting Objects > 25 lbs. |

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| **Hazard Controls** |
| List all necessary Personal Protective Equipment (PPE): |

**Student Signatures:** I have provided accurate information to the best of my knowledge.

Name (Print) Signature Date

1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

4.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

5.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

6.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_