**Activity Safety Form**

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| **Program:** | jrDEEP Summer Academy |
| **Course Title:** | Cool Code |
| **Instructor(s):** | Connor Smith, Anastasiya Martyts |
| **Season:** | Summer |
| **Year:** | 2014 |
| **Project/Activity Name:** |  |
| **Source:** |  |
| **Grade Level:** | 5-6 |
| **Topics Covered By Activity:** |  |
| **Objective (Learning Outcomes):** |  |
| **Safety Approval Date:** |  |

Please identify specific safety hazards in the table below

|  |  |  |
| --- | --- | --- |
| **Check if applicable** | **Hazard** | **Why is this required?** |
|  | Electricity |  |
|  | Open Flame |  |
|  | Projectiles |  |
|  | Natural Gas |  |
|  | Compressed Air |  |
|  | Glassware |  |
|  | Dissection Equipment |  |
|  | Biological Material/Specimen |  |
|  | Chemicals |  |
|  | Tools (ex. soldering iron, hacksaw, drill)  **Please specify in the materials list** |  |
|  | Other: |  |

Safety Materials/P.P.E. Required for this Activity

|  |  |  |
| --- | --- | --- |
| **Check if Required** | **Safety Material/Personal Protective Equipment (P.P.E.)** | **Explanation (Specify when this is required i.e. is this during preparation and/or while the activity is taking place and who wears/uses the piece of P.P.E. i.e. Instructor, student etc. please be explicit)** |
|  | Goggles |  |
|  | Lab Coats |  |
|  | Nitrile Gloves |  |
|  | Table Coverings |  |
|  | Fume hoods |  |
|  | Biosafety Cabinets |  |
|  | Spill Kits |  |
|  | Disposal Mechanisms (ex. broken glass, biologics, chemicals) |  |
|  | N95 Masks |  |
|  | Other: |  |

**Background Information:** (Outline any information that would be required to support the activity. Assume the person reading this Activity Write-Up isn’t a specialist on this topic.)

**Header**

Info

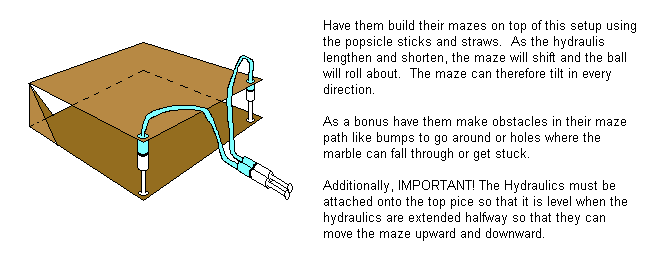
**Preparation:** (Outline any preparation work that must be completed by you and/or anyone else (lab techs, volunteers, etc.) prior to class time. Please be as detailed as possible, and highlight any health and safety protocols to be followed.)

**Procedure:** (Please detail **all** the steps required to complete this project/activity. State what will be done by instructor(s), counselor(s) i.e. certain steps, entire demonstration, etc. and what will be done by your students. Outline any Safety procedures required due to location/venue of activity.)

1. Numbered list

**IMPORTANT:** Any other important info

**Diagrams or any supplemental information (attach/embed if applicable):**



**Diagram 1**

**Curriculum Connection (Optional)**

**Additional/Extension Activities & Procedure (if applicable):**

* Bulleted List

**Student Take Home/Materials Kept:**

**None**

Materials **(Please include all materials including consumable items, tools, stationery, arts & craft supplies, chemicals, biologics, etc.).** Please identify (in the notes column) any hazardous materials PRODUCED as a result of the project/activity.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Item** | **Quantity** | **Purpose in Activity** | **Route of Transmission** | **Anticipated Health Risk** | **Safety Precautions** | **Storage/Disposal Arrangements** | **Notes** |
| Raspberry Pi | 1 Each | Programming |  | Tripping on power cords | Cable organization, tape cables to floor if necessary |  |  |
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Use the below chart to inform how you fill out various sections of your Activity Safety Sheet.

|  |  |  |  |
| --- | --- | --- | --- |
| Anticipated Health Risks (Use the following relevant descriptions in the materials table) | | Safety Precautions (Use these and other descriptions the show how you will specifically address each of the safety precautions mentioned on the left side of this table.) | |
| 1 | Materials are sharp and may cut skin (Utility Knives, Scalpels, Scissors) | 1 | Instructors will advise on the appropriate use of materials (for 1-10 above) |
| 2 | Materials may poke or pierce skin (Wooden Skewers, Sticks) | 2 | Instructors will review the MSDS for materials prior to and during the activity (3-8) |
| 3 | Materials are toxic if ingested (Chemicals such as Bleach, Detergents, Indicators) | 3 | Participants will wear dust or N95 masks at all times (4 and 5) |
| 4 | Materials are hazardous if inhaled (Chemicals, Powders, Dust, Solder) | 4 | Participants will wear nitrile gloves at all times (6) |
| 5 | Materials are an irritant to lungs (Chemicals, Powders, Dust) | 5 | Participants will wear goggles at all times (7) |
| 6 | Materials are an irritant to skin (Chemicals, some Soaps, Allergens) | 6 | Students will be instructed on the use of the eye station in-lab (7) |
| 7 | Materials are an irritant to eyes (Chemicals, Powders, Dust) | 7 | Instructors will have a fire extinguisher within arm’s reach while performing activity (8) |
| 8 | Materials are flammable/Use of Open Flame (Alcohol, Gases, Fuels, Matches) | 8 | Instructors will establish a safety perimeter of 5m while performing the activity/during testing (8 and 10) |
| 9 | Participants may present serious allergies (Nuts, Shellfish, Milk, Eggs, Fruits, Food Colouring) | 9 | Instructors will review student allergies prior to commencing activity (9) |
| 10 | Materials are or can be involved as projectiles (Rocks, Golf Balls, Rockets) | 10 | Instructors will advise of any hidden allergens (9) |
| 11 | Materials present a slipping hazard if spilled | 11 | Instructors will monitor participants for indications of an allergic reaction (9) |
| 12 | Materials are hot and may burn skin. (glue guns, soldering irons) | 12 | Instructors will review the procedure with students, prior to testing (1-10) |
|  |  | 13 | Instructors will explain any necessary emergency protocol (always) |
|  |  | 14 | Instructors will debrief and discuss any sensitive issues before, during and after the activity (always) |
|  |  | 15 | Only Instructors with training will complete the specified activity or demo always. |
|  |  | 16 | Spill Clean up kit provided (11) |
| Routes of Transmission | | Questions to ask about your Materials and Activity (Address any that are relevant in your above Activity Safety Sheet) | |
| 1 | Eyes | 1 | Are there any ethical concerns regarding your workshop? |
| 2 | Skin contact | 2 | Are there any sensitive issues or activities? |
| 3 | Inhalation | 3 | Are there safety concerns if specific procedures are not followed? |
| 4 | Ingestion | 4 | Do any of the materials have an MSDS? |
| 5 | Other (please specify) | 5 | Do any of the materials or activities require special training? |
|  |  | 6 | Questions to ask about your Materials and Activity (Address any that are relevant in your above Activity Safety Sheet) |