

Travelers Rest High School Agriculture Education Shop & Lab Facility Rules

Agriculture Education courses provide many opportunities for students to work in shops and lab facilities where various tools and equipment require proper safety precautions. Safety is our #1 priority in our agriculture classrooms. To ensure each student's safety, students will agree to the following rules and procedures:

1. **Approved EYE PROTECTION and other Personal Protective Equipment (PPE), MUST ALWAYS be worn while in all shops and lab facilities.** These safety equipment may include but are not limited to safety goggles (even if glasses are worn), face shields, protective vests, hard hats, welding helmets, dust masks, ear plugs, ear muffs, and/or gloves.
2. **SAFETY INSTRUCTION IS REQUIRED before operating any machinery or equipment.**
3. ALL machine operators **MUST SECURE loose clothing and long hair. Long hair should be pulled back and secured with a cap, headband, or hairnet.**
4. Machine operators **MUST wear proper attire.** Long pants (without split legs, frays, or holes) and **closed-toe secure-fitting shoes MUST be worn to enter shops and facilities.** NO jewelry or sandals are permitted. No shorts are to be worn in the Welding Lab.
5. Make Sure GUARDS ARE IN PLACE before turning on power on equipment. NEVER leave a machine until ALL motion has stopped.
6. When using cutting tools, always stand to one side of the cutting blade. Keep ALL FINGERS AWAY from the blade.
7. Make all machine adjustments, changes, or "Set Ups" (belts, blades, wheels, etc.) with the power off or disconnected. Please consult your instructor for specifics.
8. AVOID talking to or bothering others when using machinery and equipment. STAY at least 3 feet away from the equipment operator.
9. **ABSOLUTELY NO HORSEPLAY! ABSOLUTELY NO RUNNING!!! ABSOLUTELY NO THROWING ANY OBJECTS!!!**
10. Tools should be kept in GOOD condition, used correctly, and stored properly. Corded power tools (grinders, drills, etc.) MUST be unplugged and stored in their proper place when not in use.
11. Keep paint, chemicals, varnish, solvent rags and other flammable materials in APPROVED metal containers in appropriate designated space in the classroom. NEVER smell or touch any chemicals, paint, varnishes, solvent or flammable materials.
12. CHECK with the INSTRUCTOR before using any machinery on defective materials (wood knots, warps, paint, etc.) NO galvanized material allowed in Welding Lab.
13. Do not CROSS ARMS while operating any machinery.
14. Keep aisles CLEAR of ALL tools and materials.
15. Ask questions and communicate with your instructor when you have questions or concerns. Always bring safety violations to the attention of the person involved and inform the instructor.
16. Leave all personal belongings (books, purses, backpacks) completely away from surrounding work areas, preferably keep these items in the classroom.
17. **Food, beverages, and gum are NOT permitted in any shop or lab facilities.**
18. **Report any accident (spill, breakage, etc.) or injury (cut, burn, etc.) to the instructor immediately, no matter how trivial it may appear. If a classmate becomes injured, inform the instructor IMMEDIATELY!**
19. Learn where the safety equipment is located and how to use it. Know where the exits are located and what to do in the case of an emergency or drill.
20. NO operating machinery under any circumstances under the influence of drugs (prescription or non-prescription) or alcohol both of which are NOT permitted anywhere on school grounds. Violations of this rule will follow the school code of conduct.
21. No flammable body spray, cologne, or perfume in the welding lab or near any potential flammable material used in ANY lab.
22. **I understand that my instructor reserves the right to remove me from the shop or lab area at ANY time for any of the above safety violations. I understand that SAFETY is the NUMBER 1 PRIORITY in the CTE classroom, lab, and shop.**

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STUDENT SAFETY AGREEMENT

I agree to observe all safety rules and procedures outlined on the previous page for safety in the agriculture classroom, shop, and lab areas. I understand that my inappropriate actions and disregard for the above rules will result in my suspension from the shop/lab facility. I agree to wear appropriate eye protection at all times and other personal protective equipment as required. I understand that if I do not return this form signed by myself and my parent/guardian I will not be allowed to use any tools or participate in any hands-on activities. I understand SAFETY is the NUMBER 1 PRIORITY.

_____	_____	_____	_____
Full Name	Date	Course	Instructor

PARENT SAFETY AGREEMENT PORTION

Your child has enrolled in a Agriculture Education program with Travelers Rest High School that has a shop or a lab component that involves the use of machinery and equipment. Appropriate instruction in the safe operation of these tools and equipment is given and close supervision is maintained by the agriculture education faculty at all times. Although every precaution is taken to prevent accidents, a certain risk is involved due to the nature of the experience, the age of the student, and the learning environment.

We are asking for your cooperation in impressing upon your child the importance of being careful and following safety rules and procedures as outlined in the reverse page. Please read the reverse side of this page and talk about the safety precautions and procedures with your child. Our goal is for your child to be successful in our classrooms while learning valuable technical skills to prepare them for high wage, high demand, and high skill careers. We believe that authentic “real world” experience in our labs, shops, and clinical areas will prepare your child for postsecondary education and the workforce.

Thank you very much for your help and support of our agriculture programming!

I have read the attached information and I understand that (Student Name) _____ is enrolled in (Course) _____. As a parent/guardian, I will stress the safety aspects of this program and identify on the reverse of this page to my child while encouraging them to participate and learn from this experience. My signature below indicates I have read the “Shop and Lab Facility Rules” and am aware of the appropriate precautions and safety measures in place to ensure the safety of my child. If I have a safety concern, I will communicate with my child’s teacher immediately.

Parent/Guardian Signature: _____ **Date:** _____

Parent Contact Information: Phone #1 _____ **Phone #2** _____

In the space below, please identify any health problems that your child’s instructor should know about which may have a bearing on his/her participation in this class.

