

**BROOKHAVEN NATIONAL LABORATORY
MACHINE SHOP SAFE WORK PRACTICES EVALUATION FORM**

Dept./Div.: PS Machine: PhoSci MSJPM Circular Saw (Table Saw) (PS-MST-CIRCSAW)

Machine Shop Supervisor's Name(s): _____

Employee Name: _____ Life Number: _____

Competencies	Date Completed	Evaluated By (Initials)	Comments
1. State BNL Policy for use of eye protection in machine shops.			
2. Identify main disconnect for tool and explain requirements for access to saw.			
3. Identify all machine controls and explain their functions.			
4. Identify all machine guards and describe their functions.			
4. Explain the differences between rip and cross cutting.			
5. Identify who may select and change saw blades; and why this is restricted.			
6. Explain the purpose of push sticks, sacrificial blocks and feather boards, and why they are important.			
7. Describe how to properly support oversized work pieces.			
8. Explain hazards involved when tilting the arbor or table and those associated with dado-cuts			
9. Demonstrate safe work practice while performing saw cuts. Successful completion includes the following:			
9.1 All loose clothing, jewelry, and long hair are secured as necessary.			
9.2 Set saw blade to proper cutting height, setting blade just high enough for gullets to clear work piece.			
9.3 All guards/anti-kickback devices in place. Hands and fingers not in line with blade. Uses fence, miter gauge and clamping attachments.			
9.4 Ensure that push sticks or sacrificial blocks are used during cutting operation; and hands and fingers are not in line with moving blade.			
9.5 Use dust collecting systems to reduce airborne dust particles.			
9.6 Blade stopped completely before removing scrap pieces or cleaning machine.			

9.7 Clean machine and area upon completion, using vacuum cleaner or brushes to remove sawdust. Check to ensure that sparks have not ignited sawdust or left smoldering particles.			
9.8 Dispose of all debris properly.			

The Machine Shop Supervisor certifies that the employee demonstrated safe performance of the items listed above.

Machine Shop Supervisor's Name(s): _____ Date _____

Machine Shop Supervisor Signature: _____

Employee Signature indicates his or her completion of the above evaluation.

Employee Signature: _____ Date _____