

Safety Plan
Job Skill Demonstration

SECONDARY

# **1 INTRODUCTION**

Competitors must follow the current health and safety standards of the Province of PEI ensuring that all health and safety requirements are in compliance for their demonstration in 2025.

All competitors are encouraged to discuss safety considerations throughout their demonstration.

Competitors must complete the information below and bring **3 copies** with them on the day of competition. Competitors must identify the skills being demonstrated and their connection to the specific contest area.

Any questions can be sent to <u>txleclair@edu.pe.ca</u> Competitors will not be allowed to compete unless they have completed a Safety Plan.

Name of Competitor: Name of School: Email of Competitor: Name of Teacher/ Mentor: Email of Teacher/ Mentor: Phone Number of Teacher/ Mentor: Contest Area Represented:

**Skill Being Demonstrated** 

Detailed Description of Demonstration:

#### **Considerations**

How have you planned your demonstration within the Health and Safety guidelines for the Province of PEI?

### **Fires**

Will there be potential for fires? <u>Yes</u> No If yes, please explain including ways to minimize the risk.

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Will there be flammable substances used in your demonstration? \_\_\_\_Yes \_\_\_No If yes, please explain how they will be used and controlled.

Are you planning to carry out hotwork, i.e. welding, grinding, etc. in your demonstration? Yes \_\_\_\_\_No If yes, please explain

#### Slips and Trips

Will your work be designed to minimize slips and trips?	Yes_	No
If yes, please explain.		

Are there arrangements to clean up spills? \_\_\_\_Yes \_\_\_\_No

Will the competitors,	, models or procto	r be wearing	appropriate footwe	ar? Yes.
	•	-		No

#### **Ergonomics**

Are there any ergonomics considerations?	Yes	No
If yes, please explain.		

#### **PPE and Hazards**

Will any act	ivities require	e competitors	s, models o	r proctor	to wear	personal	protective
equipment?	Yes	No					

If yes, will there be adequate personal protective equipment available? \_\_\_\_Yes \_\_\_\_No \_\_\_\_N/A

If yes, please explain the personal protective equipment required.

Have any hazardous substances been identified in your demonstration?	Yes
	No
If yes, please provide the name and internet links to Safety Data Sheets for hazardous substances identified.	or any

Will suitable measures be in place for the handling of hazardous substances?	Yes/
	No I

yes, please explain.

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### Check any of the following that will be included in your demonstration:

- Electrical equipment or power supply
- Overhead hazards
- Airborne contaminants (i.e. dust, fumes, or vapors)
- o N/A

# If you checked any of the options what is your plan for minimizing risk?

Please check off the safety items that are part of your competition, providing details below.

- o Fire Extinguisher
- Broom, dust pan
- o PPE
- First Aid Kit
- Garbage receptacle
- o Other....

# If you checked any items above, please explain.

Are there other health and/or safety risks in your demonstration that may not have been covered in this document? \_\_\_\_Yes \_\_\_\_No

If yes, please explain.

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