

# Welding Department Safety

Park in the north parking lot

Enter through the back door

Temperatures will be taken in the morning and afternoon. You will be asked about fever reducing drugs.

There will be a daily form for off campus activities

You are only allowed in lab, booth, and closest restroom nowhere else in building

All personal equipment will be stored in assigned Booth

No shared equipment, personal equipment must be stowed and not laid around in the lab.

EWC will furnish no personal welding or grinding equipment.

You will need to sign a consent form to release information to CDC

If you are sick, have flue like symptoms, you must tell your instructor.

Doors will be blocked open.

The breakroom, pop machines, food machines, water fountain, are closed. You provide for personal needs.

Personal breaks are taken outside behind the shop

Wipe down touched surfaces in booths torches etc.

Orientation to cover PPE rules and questions

Masks will be worn every where except the welding booth with the exhaust on.

All college rules are enforced

You will be asked if and where you work

If you fail to obey safety rules you will be asked to leave and given the grade you earned.

Long term

Breakup lockers and spread out 8 lockers in a set

More tables for distancing in classroom

Allow for locker spacing and social distancing

Remove stool stall doors

PPE Mask? Thermometer

**COVID-19 Symptom/Contact Tracing Form**

*(must be completed beginning of day and approved prior to entry into building)*

Date: \_\_\_\_\_

1. Have you experienced any flu-like symptoms within the last two weeks? (flu symptoms can include but are not limited to a combination of fever, shortness of breath, dry cough, sneezing, lethargy, aches and pains, nasal congestion, loss of sense of smell). **Y / N**
2. Has anyone you live with or been in contact with displayed flu like symptoms in your presence within the last two weeks? **Y / N**
3. Have you or anyone who you reside with been contacted regarding possible exposure to COVID-19 by health officials within the last two weeks? **Y / N**
4. Please list all places of travel and locations where you have been exposed to the public outside of Goshen County within the last two weeks.
5. Do you have a medical concern that could be worsened by the contraction of COVID-19? **Y / N**

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**Disclaimer:**

*By completing and signing this form you agree to abide by Eastern Wyoming College policy and procedure for COVID-19. You further consent to required reporting of suspected Covid-19 cases to health officials for public safety. You recognize that entering the facility and engaging in services displays your understanding of potential exposure risks to COVID-19 that come with any community location and do so at your own risk and will not hold EWC liable for any injury sustained from possible COVID-19 transmission. You further agree to answer this form as accurately as possible and understand discharge from the program if information was discovered to be falsified.*

\_\_\_\_\_  
Client Signature

\_\_\_\_\_ (Staff use only) \_\_\_\_\_

Client Temperature Recoded by Staff: \_\_\_\_\_

**WARNING: Client must have NO "Y" answers on 1-3 for entrance - temp must also be below 99F.**

\_\_\_\_\_  
Staff review and signature permitting daily admission.