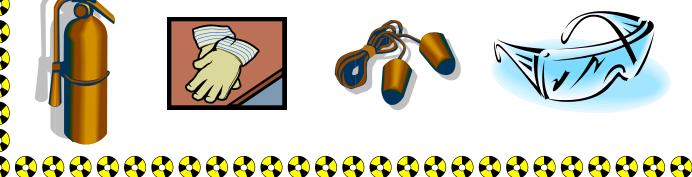


The Team Guide For SAFETY

🗆 Fírst Aíd Kít

- Material Safety Data Sheets (<u>MSDS</u>)
- 🗆 Safety Glasses
- □ Gloves: acid-resistant and leak-proof and work
- □ Closed-Toe Shoes
- □ Hearing Protection
- □ Fire Extinguisher/Fire Blanket
- □ Baking Soda (to neutralize acids)
- □ Hair Ties/Bobby Pins
- 🗆 Broom and Dustpan
- 🗆 Dísable Swítch
- Injury/Accident Reports
- Every team member's medical history and
 - emergency contact



- □ No Loose clothing
- □ No jewelry
- Long hair pulled back
- 🗆 Clean and organized pit area
- □ Líft wíth legs, <u>NOT</u> wíth back.
- 🗆 Be aware.
- □ Put robot in disable mode when uploading program

- □ Release all potential energy sources
- □ Know what to do in an emergency.
- □ Know where all emergency exits are.
- DREAD THE FIRST SAFETY MANUAL!

Basic First Aid

Open wounds that are bleeding:

1. Wearing gloves, firmly apply direct pressure.

2. Call for medical assistance.

3. Lift wound above heart level.

4. Fold a firm pressure pad larger than the wound.

5. Place pad on wound, making sure the wound is covered.

6. Secure pad with a roller bandage.

Bruises:

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1. Apply ice.

Scrapes:

1. Rinse with water and wash with soap.

2. Apply antibacterial ointment.

Accident Report Form

1. <u>General Information</u>		
Name of Injured	Birthdate	Sex
Address	Telephone	
School	Date of Injury	Time of Injury
2. Description of Accident		
3. Immediate Action Take	n	1 0.1
	I D III I D	
	\Box Ice \Box Pressure \Box Wash \Box Ban	ldage 🗆 Other
B. Notification: Parent	or other individual \square Yes \square No	
B. Notification: Parent		
B. Notification: Parent Time M	or other individual \square Yes \square No	
B. Notification: Parent Time M	or other individual □ Yes □ No ethod of Notification Called By Wh	om
 B. Notification: Parent Time M Telephone Number 0 	or other individual up Yes up No ethod of Notification Called By Wh	om
 B. Notification: Parent Time M Telephone Number 0 	or other individual up Yes up No ethod of Notification Called By Wh	om
 B. Notification: Parent Time M Telephone Number O Name of Individual 1 	or other individual	om

Date:_____

Emergency Contact Information Sheet

Member Name	Emergency Contact Phone #	Current Medication or Alerts

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