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

**Dept./Div.:** PS  
**Machine:** NSLS-II MSJPM Milling Machine (PS-MST-MILLING)

**Machine Shop Supervisor’s Name(s):** ____________________________  
**Employee Name:** ____________________________  
**Life Number:** ____________

<table>
<thead>
<tr>
<th>Competencies</th>
<th>Date Completed</th>
<th>Evaluated By (Initials)</th>
<th>Comments</th>
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</thead>
<tbody>
<tr>
<td>1. State BNL policy for use of eye protection in machine shops.</td>
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<td>2. Identify main disconnect for tool and explain the requirement for access to it.</td>
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<td>3. Identify all controls and describe their functions.</td>
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<td>4. Identify all machine guards and describe their functions.</td>
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<td>5. Explain the process when defects are found.</td>
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<td>6. Demonstrate safe work practices while performing milling operations. Successful completion includes the following:</td>
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<tr>
<td>6.1 All loose clothing, jewelry, and long hair are secured as necessary.</td>
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<td>6.2 Work piece is secured to the moving surface, and the cutting tool is secured in the chuck. Tool for drawbar is removed.</td>
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<tr>
<td>6.3 Speed of rotation, tool, and feed rate is appropriate for the material and its size.</td>
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<td>6.4 All guards are in place and securely attached.</td>
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<td>6.5 Clean milling machine upon completion of cut, without using bare hands or compressed air to remove chips.</td>
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</table>

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:** ____________