**Check list de Vistoria das instalações dos Projetos de Extensão - Equipes de Competição Tecnológica**

Coordenador(a):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SIAPE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Equipe:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Data: \_\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_ Capitão(ã) da Equipe:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Matrícula:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**1. Condições das instalações dos Galpões e Oficinas Elétricas:**

Foi observada alguma não-conformidade nas instalações elétricas? Sim ( ) Não ( )

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**Hidráulica:**

Foi observada alguma não-conformidade nas instalações hidráulicas? Sim ( ) Não ( )

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**Mobiliário e Equipamentos:**

Foi observada alguma não-conformidade nos mobiliários ou equipamentos? Sim ( ) Não ( )  
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**Ferramental:**

Foi observada alguma não-conformidade nas ferramentas? Sim ( ) Não ( )

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**Pneumática:**

Foi observada alguma não-conformidade nas instalações pneumáticas? Sim ( ) Não ( )

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**Ato ou condição de Insegurança:**

Foi observado algum Ato ou Condição de Insegurança no local? Sim ( ) Não ( )

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**Resíduos:**

Foi observado algum acúmulo de resíduo no local? Sim ( ) Não ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Outras observações (se necessárias):**

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**2. Equipamentos de Proteção de Uso Obrigatório fornecidos pelo CEFET-MG:**

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**3. Equipamentos de Proteção de Uso Obrigatório a serem providenciados pelos estudantes:  
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**4. Treinamento e oficinais de capacitação realizadas com os estudantes participantes:**

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**5. Recomendações complementares de SEGURANÇA:**

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**Cidade/UF**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Assinatura do(a) Coordenador(a) da Equipe**