



BERMUDA CONSTRUCTION SAFETY COUNCIL

**Furniture Fixtures & Equipment**

Name: \_\_\_\_\_

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

Company: \_\_\_\_\_

Please answer the questions below to complete this module:

- 1** Personal Protective Equipment is required for F.F.&E installation?
  - a Hard Hat, safety glasses, safety shirt, construction pants, construction boots.
  - b Hand protection
  - c Respiratory protection
  - d All of the above
  
- 2** Falls, struck by object, caught - in or between, and electrocution are referred to by OSHA as \_\_\_\_\_.
  - a "Big Four" Hazards
  - b "Focus Four" Hazards
  - c "Top Four" Hazards
  - d All of the above
  
- 3** For workers on baker stages, safety rails must be provided if they are working\_\_\_\_above a lower level.
  - a 4 feet
  - b 6 feet
  - c 10 feet
  - d All of the above
  
- 4** Guardrails are often used by employers to protect workers from falls. How high must the top guardrail (the top rail) be above the working surface?
  - a 24 inches, plus or minus 3 inches
  - b 42 inches, plus or minus 3 inches
  - c 60 inches, plus or minus 3 inches
  - d 75 inches, plus or minus 3 inches
  
- 5** The top of a ladder must extend at least\_\_\_\_ above the surface you are climbing onto.
  - a 3 feet
  - b 4 feet
  - c 5 feet
  - d 6 feet

- 6** The best form of hand protection for material handling:
- a Butyl rubber gloves
  - b Kevlar gloves
  - c Neoprene gloves
  - d Rubber insulating
- 7** A saw must be guarded with a semicircular enclosure over the blade.
- a TRUE
  - b FALSE
- 8** Silica exposure in the form of dust particles is only harmful if the worker is exposed to it for long periods of time
- a True
  - b FALSE
- 9** Webbing used for lifeline, lanyard and harness ropes and straps must be made of \_\_\_\_\_ fibres.
- a natural
  - b synthetic
  - c glow in the dark
- 10** When working over dangerous equipment and machinery, fall protection must be provided\_\_\_\_\_.
- a at 4 feet
  - b at 6 feet
  - c at 10 feet
  - d Regardless of distance

Signed By: \_\_\_\_\_

Co Signed By: \_\_\_\_\_

Worker

Parent or Representative



