

Not Sure how to access COS  
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 Canvas? [bit.ly/COSCanvasH](http://bit.ly/COSCanvasH)

**CRN: 14720**

**Course Name: Agriculture Welding**

**Faculty Member: Charles Abee**

*This course will meet in a hybrid model. This means that the lecture/classroom part of the course will be online, while some or all of the lab components of the course will be instructed face-to-face in small groups, maintaining social distancing and in compliance with all Federal, State, and Local guidelines. This course will require students complete the appropriate health questionnaire (below) for each class meeting and wear required Personal Protective Equipment (PPE) including a mask and/or face shield.*

**The plan for the laboratory portion of this course is outlined below.** The faculty member teaching this class will provide greater detail, via COS email or Canvas, on how the small group meetings will take place and how students are assigned to those meeting times prior to the first day of class. It is imperative you check both Canvas and your COS email as some info might not be available until the first class meeting.

Students who are not comfortable with face-to-face lab meetings should consider alternative courses to fulfill requirements. **NOTE:** there are a number of COS programs that are mandated by an outside agency to have required face-to-face labs for completion of the learning outcomes of the course. It is important to visit with a counselor or reviewing your Student Educational Plan before selecting new courses.

**Details for Course:**

**AGTC 106 – Agriculture Welding  
 CRN: 14720**

For the in-person laboratories for AGTC 106, students will be divided into groups for each of the following laboratories so they get as much shop/lab time as possible. Check canvas for your group

Date	Week	Topic	Group	Safety
8/19	1	Shop Safety	1	1. Students will be notified in advance to prescreen themselves. 2. Students will wash their hands upon entering the shop. 3. Students will be contacted prior to class meeting and given a safety list of equipment for the class. 4. Students will need either a face shield or mask. 5. Students will enter and exit the shop through the gate to minimize surface touches.
8/26	2	Shop Safety	2	
9/2	3	SMAW	1	1. Students will be notified in advance to prescreen themselves 2. Students will be assigned a welding station for the night. 3. Welding coupons will be cut and rod and coupons will be in the booth for the student. 4. Students are not to leave their booth except to use the restroom. 5. Students will provide their own welding gear which will not be shared with anyone. 6. If a student needs assistance from the instructor they will be instructed to open their booth door and the instructor will come to assist them.
9/9	4	SMAW	2	
9/16	5	SMAW	1	
9/23	6	SMAW	2	

9/30	7	OFW	1	<ol style="list-style-type: none"> <li>1. Students will be notified in advance to prescreen themselves.</li> <li>2. Students will be assigned a welding station for the night.</li> <li>3. Welding stations will be spaced 6 feet apart</li> <li>4. Students must wear face shield</li> <li>5. Students will provide their own welding equipment which cannot be shared.</li> <li>6. If the student needs assistance they will have a flag to alert the instructor.</li> <li>7. Students are not to leave their station unless to use the restroom.</li> </ol>
10/7	8	OFW	2	
10/14	9	OFW	1	
10/21	10	OFW	2	
10/28	11	GMAW	1	<ol style="list-style-type: none"> <li>1. Students will be notified in advance to prescreen themselves.</li> <li>2. Students will be assigned a welding station for the night.</li> <li>3. Welding coupons will be cut and rod and coupons will be in the booth for the student.</li> <li>4. Students are not to leave their booth except to use the restroom.</li> <li>5. Students will provide their own welding gear which will not be shared with anyone.</li> <li>6. If a student needs assistance from the instructor they will be instructed to open their booth door and the instructor will come to assist them.</li> </ol>
11/4	12	GMAW	2	
11/18	13	GMAW	1	
12/2	14	GMAW	2	

Group 1 will consist of 8 students; Group 2 will consist of 9 students

# GIANTS protecting GIANTS

COS COVID-19 SCREENING QUESTIONNAIRE

FALL 2020



Your Name (Please Print): \_\_\_\_\_

Class Name: \_\_\_\_\_ Date: \_\_\_\_\_

In the past 2-14 days, have you experienced any of the following symptoms?

*Click Yes or No for each symptoms:*

- |                              |                              |                             |
|------------------------------|------------------------------|-----------------------------|
| Cough                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Shortness of Breath          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Fever                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Chills                       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Repeated Shaking with Chills | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Muscle Pain                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

\_\_\_\_\_

Each student will need to bring his or her own mask or wear the one provided.

For protection of others, I agree to wear my mask  Yes  No

\_\_\_\_\_

Your Signature: \_\_\_\_\_