

STUDENT NAME: \_\_\_\_\_

TEACHER: \_\_\_\_\_

## **Year 7 Device Design Checkpoint Overview**

**Title:**

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**Aim:**

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**Simple design of the device:**

STUDENT NAME: \_\_\_\_\_

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**Science of the device:**

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**Reference List:**

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STUDENT NAME: \_\_\_\_\_

TEACHER: \_\_\_\_\_

**Equipment list:**

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**Safety:**

Hazard	Risk	Solution
1.		
2.		
3.		