

## Hazard Assessment Form

<b>Department/Group:</b>	<b>Date:</b>	I certify that the above inspection was performed to the best of my knowledge and ability, based on the hazards present on this date.		
<input type="checkbox"/> A worksite or task	Specify location or task:			
<input type="checkbox"/> An employee(s) job description	Name of employee(s):			
	Working title of position(s):			
	Position Number(s):			
<b>EYE/FACE HAZARDS (Appendix A).</b>				
<i>Check the box for each hazard:</i>		<i>Description of hazard(s):</i>	<i>Controls in place:</i>	<i>Identify required PPE.</i>
Chemical/Biological	Yes <input type="checkbox"/>		<input type="checkbox"/> Fume hood/bio cabinet	<input type="checkbox"/> Safety glasses
Extreme Heat/Cold	Yes <input type="checkbox"/>		<input type="checkbox"/> Enclosure/guarding	<input type="checkbox"/> Goggles- chem or cutting
Dust or Flying Debris	Yes <input type="checkbox"/>		<input type="checkbox"/> Shielding	<input type="checkbox"/> Face shield (type)
Impact or Explosion	Yes <input type="checkbox"/>		<input type="checkbox"/> Safe work practices	<input type="checkbox"/> Welding helmet
UV Light (ex. welding)	Yes <input type="checkbox"/>		<input type="checkbox"/> Dust collection system	<input type="checkbox"/> Laser eyewear
Radiation (ex. lasers)	Yes <input type="checkbox"/>		<input type="checkbox"/> Distance	<input type="checkbox"/> Arc-flash hood
<b>HEAD HAZARDS (Appendix B).</b>				
<i>Check the box for each hazard:</i>		<i>Description of hazard(s):</i>	<i>Controls in place:</i>	<i>Identify required PPE.</i>
Impact/low clearance	Yes <input type="checkbox"/>		<input type="checkbox"/> Canopy	<input type="checkbox"/> Hard hat – class
Electrical Shock	Yes <input type="checkbox"/>		<input type="checkbox"/> De-energization	<input type="checkbox"/> Bicycle helmets
Entanglement	Yes <input type="checkbox"/>		<input type="checkbox"/> Hair secured	<input type="checkbox"/> Other:
<b>FOOT/LEG HAZARDS (Appendix C)</b>				
<i>Check the box for each hazard:</i>		<i>Description of hazard(s):</i>	<i>Controls in place:</i>	<i>Identify required PPE.</i>
Chemical/Biological	Yes <input type="checkbox"/>		<input type="checkbox"/> Substitution	<input type="checkbox"/> Work boots
Extreme Heat/Cold	Yes <input type="checkbox"/>		<input type="checkbox"/> Mechanical device used	<input type="checkbox"/> Steel-toed shoes/boots
Impact/Compression	Yes <input type="checkbox"/>		<input type="checkbox"/> Housekeeping	<input type="checkbox"/> Slip-resistant shoes
Puncture	Yes <input type="checkbox"/>		<input type="checkbox"/> Isolation/grounding	<input type="checkbox"/> Puncture-resistant shoes
Explosive/Flammable	Yes <input type="checkbox"/>		<input type="checkbox"/> Safe work practices	<input type="checkbox"/> Non-conductive
Slippery/Wet Surfaces	Yes <input type="checkbox"/>		<input type="checkbox"/> Appropriate clothing	<input type="checkbox"/> Metatarsal protection
Electrical	Yes <input type="checkbox"/>		<input type="checkbox"/> Other:	<input type="checkbox"/> Shin guards
<b>HAND/ARM HAZARDS (Appendix D)</b>				
<i>Check the box for each hazard:</i>		<i>Description of hazard(s):</i>	<i>Controls in place:</i>	<i>Identify required PPE.</i>
Chemical/Biological	Yes <input type="checkbox"/>		<input type="checkbox"/> Substitution (product)	<input type="checkbox"/> Chemical-resistant gloves
Extreme Heat/Cold	Yes <input type="checkbox"/>		<input type="checkbox"/> De-energization	<input type="checkbox"/> Thermal-protective gloves
Cuts or Abrasion	Yes <input type="checkbox"/>		<input type="checkbox"/> Elimination/isolation	<input type="checkbox"/> Cut-resistant gloves
Puncture or Pinch	Yes <input type="checkbox"/>		<input type="checkbox"/> Mechanical devices	<input type="checkbox"/> Leather gloves
Electrical Shock	Yes <input type="checkbox"/>		<input type="checkbox"/> Guarding/distance	<input type="checkbox"/> Voltage-rated–Class:
Radiation	Yes <input type="checkbox"/>		<input type="checkbox"/> Reduce time exposed	<input type="checkbox"/> Latex/nylon/nitrile gloves
Vibration/Grip	Yes <input type="checkbox"/>		<input type="checkbox"/> Other:	<input type="checkbox"/> Anti-vibration gloves
Bloodborne Pathogens	Yes <input type="checkbox"/>		<input type="checkbox"/> Other:	<input type="checkbox"/> Other:

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BODY/TORSO HAZARDS (Appendix F)			
<i>Check the box for each hazard:</i>		<i>Description of hazard(s):</i>	
Chemical/Biological	Yes <input type="checkbox"/>		<input type="checkbox"/> Reduce time exposed
Extreme Heat/Cold	Yes <input type="checkbox"/>		<input type="checkbox"/> Guards/barriers
Radiation	Yes <input type="checkbox"/>		<input type="checkbox"/> Substitution (product)
Particulates/liquids	Yes <input type="checkbox"/>		<input type="checkbox"/> De-energization
Cut/Abrasion/Puncture	Yes <input type="checkbox"/>		<input type="checkbox"/> Mechanical devices
Electrical Arc or Blast	Yes <input type="checkbox"/>		<input type="checkbox"/> Distance
Low visibility	Yes <input type="checkbox"/>		<input type="checkbox"/> Other:
			<input type="checkbox"/> Lab coat or coveralls
			<input type="checkbox"/> Apron (type):
			<input type="checkbox"/> Flame-resistant clothing
			<input type="checkbox"/> Aluminized clothing
			<input type="checkbox"/> Vest (high visibility)
			<input type="checkbox"/> Tyvek suit
			<input type="checkbox"/> Arc-flash suit- calorie
FALL HAZARDS (Appendix G). Work on a surface with an unprotected side or edge that is 4 feet or more above a lower level			
<i>Check the box for each hazard:</i>		<i>Description of hazard(s):</i>	
Fall Hazard	Yes <input type="checkbox"/>		<input type="checkbox"/> Guardrail
			<input type="checkbox"/> Safe work practices
			<input type="checkbox"/> Full-body harness
NOISE HAZARDS (Appendix G). Noise exceeding 90 dBA during an 8 hour work period			
<i>Check the box for each hazard:</i>		<i>Description of hazard(s):</i>	
Excessive Noise	Yes <input type="checkbox"/>		<input type="checkbox"/> Noise reduction (design)
Ultrasonics	Yes <input type="checkbox"/>		<input type="checkbox"/> Reduced exposure
			<input type="checkbox"/> Ear plugs
			<input type="checkbox"/> Ear muffs
RESPIRATORY HAZARDS (Appendix G) Harmful dusts, mists, fumes			
<i>Check the box for each hazard:</i>		<i>Description of hazard(s):</i>	
Chemicals/Pesticides	Yes <input type="checkbox"/>		<input type="checkbox"/> Fume hood
Particulates	Yes <input type="checkbox"/>		<input type="checkbox"/> Biological safety cabinet
Nanoscale Particulates	Yes <input type="checkbox"/>		<input type="checkbox"/> Local exhaust ventilation
Confined Space Work	Yes <input type="checkbox"/>		<input type="checkbox"/> Increase air flow/outside
Welding/Cutting Fumes	Yes <input type="checkbox"/>		<input type="checkbox"/> Filtration
Biologicals	Yes <input type="checkbox"/>		<input type="checkbox"/> Other
			<input type="checkbox"/> Air-line or SCBA
			<input type="checkbox"/> PAPR
			<input type="checkbox"/> Full-face
			<input type="checkbox"/> Half-face
			<input type="checkbox"/> N-95/100
			<input type="checkbox"/> Dust Mask

If there are any other potential exposure hazards or personal protective equipment not identified on the form that need to be addressed, please list below and return this form to Robin Miller at EHS Mail Code 0423.