

Hazard Assessment Form

Department/Group:		I certify that the above inspection was performed to the best of my knowledge and ability, based on the hazards present on this date.	
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):		
EYE/FACE HAZARDS (Appendix A).			
<i>Check the box for each hazard:</i>			
Chemical/Biological	Yes <input type="checkbox"/>	Description of hazard(s):	Controls in place:
Extreme Heat/Cold	Yes <input type="checkbox"/>		<input type="checkbox"/> Fume hood/bio cabinet
Dust or Flying Debris	Yes <input type="checkbox"/>		<input type="checkbox"/> Enclosure/guarding
Impact or Explosion	Yes <input type="checkbox"/>		<input type="checkbox"/> Shielding
UV Light (ex. welding)	Yes <input type="checkbox"/>		<input type="checkbox"/> Safe work practices
Radiation (ex. lasers)	Yes <input type="checkbox"/>		<input type="checkbox"/> Dust collection system
			<input type="checkbox"/> Distance
HEAD HAZARDS (Appendix B).			
<i>Check the box for each hazard:</i>			
Impact/low clearance	Yes <input type="checkbox"/>	Description of hazard(s):	Controls in place:
Electrical Shock	Yes <input type="checkbox"/>		<input type="checkbox"/> Canopy
Entanglement	Yes <input type="checkbox"/>		<input type="checkbox"/> De-energization
			<input type="checkbox"/> Hair secured
FOOT/LEG HAZARDS (Appendix C)			
<i>Check the box for each hazard:</i>			
Chemical/Biological	Yes <input type="checkbox"/>	Description of hazard(s):	Controls in place:
Extreme Heat/Cold	Yes <input type="checkbox"/>		<input type="checkbox"/> Substitution
Impact/Compression	Yes <input type="checkbox"/>		<input type="checkbox"/> Mechanical device used
Puncture	Yes <input type="checkbox"/>		<input type="checkbox"/> Housekeeping
Explosive/Flammable	Yes <input type="checkbox"/>		<input type="checkbox"/> Isolation/grounding
Slippery/Wet Surfaces	Yes <input type="checkbox"/>		<input type="checkbox"/> Safe work practices
Electrical	Yes <input type="checkbox"/>		<input type="checkbox"/> Appropriate clothing
			<input type="checkbox"/> Other:
HAND/ARM HAZARDS (Appendix D)			
<i>Check the box for each hazard:</i>			
Chemical/Biological	Yes <input type="checkbox"/>	Description of hazard(s):	Controls in place:
Extreme Heat/Cold	Yes <input type="checkbox"/>		<input type="checkbox"/> Substitution (product)
Cuts or Abrasion	Yes <input type="checkbox"/>		<input type="checkbox"/> De-energization
Puncture or Pinch	Yes <input type="checkbox"/>		<input type="checkbox"/> Elimination/isolation
Electrical Shock	Yes <input type="checkbox"/>		<input type="checkbox"/> Mechanical devices
Radiation	Yes <input type="checkbox"/>		<input type="checkbox"/> Guarding/distance
Vibration/Grip	Yes <input type="checkbox"/>		<input type="checkbox"/> Reduce time exposed
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>	
Chemical/Biological	Yes <input type="checkbox"/>
Extreme Heat/Cold	Yes <input type="checkbox"/>
Radiation	Yes <input type="checkbox"/>
Particulates/Liquids	Yes <input type="checkbox"/>
Cut/Abrasion/Puncture	Yes <input type="checkbox"/>
Electrical Arc or Blast	Yes <input type="checkbox"/>
Low visibility	Yes <input type="checkbox"/>
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>	
Fall Hazard	Yes <input type="checkbox"/>
NOISE HAZARDS (Appendix G). Noise exceeding 90 dBA during an 8 hour work period	
<i>Check the box for each hazard:</i>	
Excessive Noise	Yes <input type="checkbox"/>
Ultrasonics	Yes <input type="checkbox"/>
RESPIRATORY HAZARDS (Appendix G) Harmful dusts, mists, fumes	
<i>Check the box for each hazard:</i>	
Chemicals/Pesticides	Yes <input type="checkbox"/>
Particulates	Yes <input type="checkbox"/>
Nanoscale Particulates	Yes <input type="checkbox"/>
Confined Space Work	Yes <input type="checkbox"/>
Welding/Cutting Fumes	Yes <input type="checkbox"/>
Biologicals	Yes <input type="checkbox"/>

	<i>Controls in place:</i>	<i>Identify required PPE:</i>
	<input type="checkbox"/> Reduce time exposed <input type="checkbox"/> Guards/barriers <input type="checkbox"/> Substitution (product) <input type="checkbox"/> De-energization <input type="checkbox"/> Mechanical devices <input type="checkbox"/> Distance <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
	<input type="checkbox"/> Guardrail <input type="checkbox"/> Safe work practices	<input type="checkbox"/> Full-body harness
	<input type="checkbox"/> Noise reduction (design) <input type="checkbox"/> Reduced exposure	<input type="checkbox"/> Ear plugs <input type="checkbox"/> Ear muffs
	<input type="checkbox"/> Fume hood <input type="checkbox"/> Biological safety cabinet <input type="checkbox"/> Local exhaust ventilation <input type="checkbox"/> Increase air flow/outside <input type="checkbox"/> Filtration <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.