

SAFETY HAZARD REVIEW CHECKLIST AND WORK PLAN

UNIVERSITY OF WASHINGTON FACILITIES SERVICES

ASSIGNMENT PAY

HRC#

- Hazard Checklist Work Plan (supervisor signature required)

Before scheduling a job or assigning work, consider the following items. Check any that apply, initiate appropriate coordination or preventive/corrective action, and ensure that the appropriate personal protective equipment is checked.

IMPORTANT NOTE: If you do not know how to proceed safely, consult the WAC regulations and/or consult the Hazard Assessment Coordinator (206-616-0993) or Environmental Health and Safety (EH&S 206-543-7388).

Work Request #	Location	SITE SPECIFIC WALKTHROUGH DONE
Task		<input type="checkbox"/> Yes Date _____ <input type="checkbox"/> No

SAFE WORK SITE

- Access/Egress
- Ladder Scaffolding Inadequate lighting Pedestrian traffic Vehicle traffic
 Other _____

POTENTIAL HAZARDS (Mark all that apply)

- Airborne Contaminants
- Animal dander General Room Dust (paper, soil clothing fibers, etc.) Gas Metal dust or fume
 Wood dust Mist
 Silica Vapor Other (specify) _____
- Animals (includes insects)
- Asbestos
- Biological Hazards
- Compressed Gasses
- Confined Space
- Electrical
- Extension cords (GFCI required) Generators Power lines (overhead/underground) Outdoors and/or moist environment (GFCI protection required) Exposed energized electrical equipment
- Ergonomics
- Lifting Repetitive motion High Force Awkward posture
- Excavation, trenching and shoring
- Fall hazard
- Fire hazard
- Hot work Flammable materials Other _____
- Hazardous Chemicals
- Hazardous energy
- Heat Hydraulic Stored energy Pressure Other _____
- Heat Stress
- Laboratory
- Prework decontamination required FS Tool/Equipment decontamination required Other _____
- Lead (paint, pipe, shielding, etc.)
- Permit Required Confined Space
- Powered materials Handling—including forklifts, powered industrial trucks, lifts, hoists Other _____

POTENTIAL HAZARDS (Mark all that apply) continued

- Mold Noise Overhead Powder Activated Tools Power/Hand Tools Radiation
- Heavy Equipment Welding/Torch Cutting/Soldering Other Potential or Actual Hazards (explain) _____
- Scaffolding
 - <10' high >10' high No Guardrails Other _____

SAFEGUARDS

- Administrative Controls
 - Employee rotation
 - Special procedures/Permits/Plans
 - Lockout Fall protection work plan Energized electrical permit and work plan Notice of laboratory equipment decontamination (form UoW 1803)
 - Hot work permit Lab/Department specific procedures
 - Confined space permit Lead work plan Other _____
- Site Control
 - Secure Access/Check-in Barricades Signs Traffic Control Other _____
- Engineering Controls
 - Additional ventilation Noise controls Enclosure Electrical shutdown Building system shutdown
 - Temporary lighting Electrical disconnect Other _____
- Emergency
 - Identify means of emergency communication (radio/cell phone/land line) Location of First Aid Kit Location of Fire Extinguisher Location of Emergency Exit(s)

Comments on other control/corrective action:

Personal Protective Equipment *Note: PPE covered by a hazard specific Work Plan/Permit does not need to be listed here.*

- | | | |
|--|--|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Body (FR clothing, Tyvek, etc.) <ul style="list-style-type: none"> <input type="checkbox"/> Coverall <input type="checkbox"/> Tyvek <input type="checkbox"/> Arc rated <input type="checkbox"/> Fall protection harness <input type="checkbox"/> Other _____ <input type="checkbox"/> Foot <ul style="list-style-type: none"> <input type="checkbox"/> Substantial footwear <input type="checkbox"/> Shoe covers <input type="checkbox"/> Steel toe <input type="checkbox"/> Steel shank <input type="checkbox"/> Other _____ <input type="checkbox"/> Respiratory <ul style="list-style-type: none"> <input type="checkbox"/> Dust mask <input type="checkbox"/> PAPR <input type="checkbox"/> Full face, negative pressure <input type="checkbox"/> Half face, negative pressure <input type="checkbox"/> Other _____ <input type="checkbox"/> Hearing Protection <ul style="list-style-type: none"> <input type="checkbox"/> Earplugs/Earmuffs <input type="checkbox"/> Head <ul style="list-style-type: none"> <input type="checkbox"/> Hard hat <input type="checkbox"/> Arc rated hood <input type="checkbox"/> Other _____ | <ul style="list-style-type: none"> <input type="checkbox"/> Eye <ul style="list-style-type: none"> <input type="checkbox"/> Impact goggle/glasses <input type="checkbox"/> Dust goggles <input type="checkbox"/> Chemical goggles <input type="checkbox"/> Other _____ <input type="checkbox"/> Hand <ul style="list-style-type: none"> <input type="checkbox"/> Cotton gloves <input type="checkbox"/> Leather gloves <input type="checkbox"/> Electrically rated gloves <input type="checkbox"/> Chemically resistant gloves (<i>indicate types</i>) <ul style="list-style-type: none"> <input type="checkbox"/> Nitrile <input type="checkbox"/> Butyl rubber <input type="checkbox"/> Vinyl <input type="checkbox"/> Silver shield <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Cartridges <ul style="list-style-type: none"> <input type="checkbox"/> Purple <input type="checkbox"/> Yellow <input type="checkbox"/> Purple/Yellow combination <input type="checkbox"/> Contact EH&S for correct cartridge <input type="checkbox"/> Other _____ <input type="checkbox"/> Face <ul style="list-style-type: none"> <input type="checkbox"/> Impact face shield <input type="checkbox"/> UV/Heat face shield/hood <input type="checkbox"/> Chemical splash face shield <input type="checkbox"/> Other _____ | <ul style="list-style-type: none"> <input type="checkbox"/> Training <ul style="list-style-type: none"> <input type="checkbox"/> Aerial Personnel lift/Powered Platform Training <input type="checkbox"/> Asbestos Awareness <input type="checkbox"/> Asbestos 8-hour for specific material <input type="checkbox"/> Back Protection <input type="checkbox"/> Blood Borne Pathogen <input type="checkbox"/> Confined Space Awareness <input type="checkbox"/> Confined Space Entry <input type="checkbox"/> Fall Protection <input type="checkbox"/> First Aid <input type="checkbox"/> Forklift Safety <input type="checkbox"/> Hearing Conservation <input type="checkbox"/> Hoist/Lift Training <input type="checkbox"/> Ladder Safety <input type="checkbox"/> Lead Awareness <input type="checkbox"/> Lead Worker <input type="checkbox"/> Lockout Safety <input type="checkbox"/> Respiratory Protection <input type="checkbox"/> Scaffold Safety <input type="checkbox"/> Other _____ |
|--|--|---|

WASTE DISPOSAL

- No hazardous waste generated Hazardous waste generated Waste assessment needed

SIGNATURES

This form was **COMPLETED** by: (Signature)

Date

This form was **APPROVED** by: (Signature of Supervisor approving Work Plan)

Hazard Assessment Coordinator (Signature)

Date