

SAFETY HAZARD REVIEW CHECKLIST

University of Washington Facilities

HRC#

Amended on: ___/___/___

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 your department safety contact or Environmental Health and Safety (EH&S).

Site Specific Walkthrough Completed	Yes	Date	No
Work Request #	Location		
Task			

Have you identified all potential hazards?

SAFE WORK SITE

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

POTENTIAL HAZARDS (Mark all that apply)

- Airborne Contaminants**
 Animal dander Gas General Room Dust (paper, soil, clothing fibers, etc.) Metal dust or fume Mist
 Mold Wood dust Vapor
 Other _____
- Animals** (*includes insects*)
- Asbestos** - *If suspect material present, AHERA survey information required or assumed positive*
- Biological Hazards** (*feces, blood*)
- Compressed Gasses**
- Confined Space** **Permit-Required Confined Space**
- Cranes** **Hoisting & Rigging**
- Electrical**
 Extension cords (GFCI required) Exposed energized electrical equipment Generators
 Power lines overhead/underground) Outdoors and/or moist environment (GFCI protection required)
- Ergonomics** Lifting Repetitive motion High Force Awkward posture
- Excavation, Trenching and Shoring**
- Fall Hazard**
- Fire Hazard**
 Hot work Flammable materials
 Other _____
- Hazardous Chemicals**

POTENTIAL HAZARDS (continued)

Hazardous Energy

Heat Hydraulic Stored energy (kinetic energy) Pressure

Other _____

Heat Stress **Cold Stress**

Laboratory

Pre-work decontamination required FS Tool/Equipment decontamination required

Other _____

Lead (paint, pipe, shielding, etc.)

Noise

Heavy Equipment Powder Actuated Tools Power/Hand Tools

Overhead Hazard

Powered Materials Handling *including forklifts, powered industrial trucks, hoists*

Other _____

Radiation

Ionizing (x-rays, lab sources and radioactive chemicals)

Non-ionizing (cell tower transmitters, Magnetic Resonance Imaging (MRI), lasers, ELF)

Scaffolding

Less than 10' high Greater than 10' high No Guardrails

Other _____

Silica

Welding/Torch Cutting/Soldering

Other Potential or Actual Hazards _____

SAFEGUARDS

Administrative Controls

Confined Space Permit Employee rotation Energized electrical permit and work plan

Fall protection work plan Frequent Rest Breaks Hot Work Permit Lab/Department specific procedures

Lead work plan Lockout Notice of laboratory equipment decontamination

Other _____

Engineering Controls

Additional ventilation Building system shutdown Electrical shutdown Electrical disconnect

Enclosure Noise controls Temporary lighting Traffic control plan

Other _____

SAFEGUARDS (continued)

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)

Site Control

- Barricades Pedestrian traffic control Secure Access/Check-in Signs Vehicular traffic control
- Other _____

Comments on other control/corrective actions: _____

PERSONAL PROTECTIVE EQUIPMENT

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

Body

- Arc rated Coverall FR clothing High Visibility Vests Tyvek
- Other _____

Eye

- Impact goggle/glasses Dust goggles Chemical goggles
- Other _____

Face

- Chemical splash face shield Impact face shield UV/Heat face shield/hood
- Other _____

Foot

- Shoe covers Steel/Composite toe Metatarsal Guard Puncture Resistant Substantial footwear
- Electrical Hazard Other _____

Hand

- Butyl rubber Cotton gloves Chemically resistant gloves (indicate types) Dipped cotton gloves
- Electrically rated gloves Leather gloves Nitrile Silver shield Vinyl
- Other _____

Hearing Protection

- Earplugs Earmuffs

Head

- Arc rated hood Hardhat
- Other _____

PERSONAL PROTECTIVE EQUIPMENT (continued)

Respiratory

Dust mask Full face, negative pressure Half face, negative pressure PAPR

Other _____

Cartridges: Purple (HEPA) Yellow (Organic vapor) Purple/Yellow combination

Contact EH&S for correct cartridge

Other _____

Training

Asbestos Awareness

Hoist/Lift & Crane Training

Asbestos 8-hour for specific material

Hoist/Lift Training (NON-Crane)

Back Protection

Ladder Safety

Blood Borne Pathogen

Lead Awareness

Confined Space Awareness

Lead Worker

Confined Space Entry

Lockout Safety

Fall Prevention

Mobile Elevating Work Platform

First Aid/CPR

NFPA 70E

Forklift Safety

Respiratory Protection

Hearing Conservation

Scaffold Safety

Other _____

WASTE DISPOSAL

No hazardous waste generated Hazardous waste generated Waste assessment needed

SIGNATURES

COMPLETED by: (Signature)

Date

APPROVED by: (Signature of Supervisor approving Work Plan)

Date

Department Safety Contact (Signature)

Date