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 Environmental Health and Safety (EH&S 206-543-7388).

### Work Request # Location
- **Corp Yard**

<table>
<thead>
<tr>
<th>Task</th>
<th>Location</th>
<th>Site Specific Walkthrough Done</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inventory chemicals in shops/storage areas</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 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)

- □ Asbestos
- □ Biological Hazards - Wet Side
- □ 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
- □ 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 - During summer months
- □ Laboratory
  - □ Prework decontamination required
  - ✔ FS Tool/Equipment decontamination required
  - □ Other
- □ Lead
- □ Permit Required Confined Space
- □ Powered materials Handling - including forklifts, powered industrial trucks, lifts, hoists
  - □ Other

**HRC# 176**
This form was COMPLETED by: (Signature)  

Date

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

Date