

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 <i>Accessory Belt Replacement</i>		<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-If suspect material present, AHERA survey information required or assumed positive
- Biological Hazards (feces, blood)
- 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 *Spring Tension on Auto Adjuster*
- 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.**

- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Body (FR clothing, Tyvek, etc.)
<input checked="" type="checkbox"/> Coverall <input type="checkbox"/> Tyvek
<input type="checkbox"/> Arc rated
<input type="checkbox"/> Fall protection harness
<input checked="" type="checkbox"/> Other _____
<input type="checkbox"/> Foot
<input checked="" type="checkbox"/> Substantial footwear
<input type="checkbox"/> Shoe covers <input checked="" type="checkbox"/> Steel toe
<input type="checkbox"/> Steel shank
<input type="checkbox"/> Other _____
<input type="checkbox"/> Respiratory
<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
<input type="checkbox"/> Earplugs/Earmuffs
<input type="checkbox"/> Head
<input type="checkbox"/> Hard hat <input type="checkbox"/> Arc rated hood
<input type="checkbox"/> Other _____ | <input checked="" type="checkbox"/> Eye
<input checked="" type="checkbox"/> Impact goggle/glasses <input type="checkbox"/> Dust goggles
<input type="checkbox"/> Chemical goggles
<input type="checkbox"/> Other _____
<input type="checkbox"/> Hand
<input type="checkbox"/> Cotton gloves <input type="checkbox"/> Leather gloves
<input type="checkbox"/> Electrically rated gloves
<input type="checkbox"/> Chemically resistant gloves (indicate types)
<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
<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
<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 _____ | <input type="checkbox"/> Training
<input type="checkbox"/> Aerial Personnel lift/Powered Platform Training
<input type="checkbox"/> Asbestos Awareness
<input type="checkbox"/> Asbestos 8-hour for specific material
<input checked="" 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 Prevention & Ladder Safety
<input type="checkbox"/> First Aid
<input type="checkbox"/> Forklift Safety
<input type="checkbox"/> Hearing Conservation
<input type="checkbox"/> Hoist/Lift Training (NON-Crane)
<input type="checkbox"/> Hoist/Lift & Crane Training
<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 02/28/2020
 This form was APPROVED by: (Signature of Supervisor approving Work Plan) _____ Hazard Assessment Coordinator (Signature) _____
 _____ Date 2/28/20 _____ Date 2/28/20