

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 <input type="checkbox"/> Yes Date _____ <input type="checkbox"/> No
Task <i>Brake Replacement</i>		

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) *Brake Pad/shoe dust*

Animals (includes insects)

Asbestos-If suspect material present, AHERA survey information required or assumed positive *Possible - Treat as 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 *Brake Cleaner - SDS on file*

- 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.

Body (FR clothing, Tyvek, etc.)

Coverall Tyvek

Arc rated

Fall protection harness

Other _____

Foot

Substantial footwear

Shoe covers Steel toe

Steel shank

Other _____

Respiratory

Dust mask PAPR

Full face, negative pressure

Half face, negative pressure

Other _____

Hearing Protection

Earplugs/Earmuffs

Head

Hard hat Arc rated hood

Other _____

Eye

Impact goggle/glasses Dust goggles

Chemical goggles

Other _____

Hand

Cotton gloves Leather gloves

Electrically rated gloves

Chemically resistant gloves (indicate types)

Nitrile Butyl rubber

Vinyl Silver shield

Other (specify) _____

Cartridges

Purple Yellow

Purple/Yellow combination

Contact EH&S for correct cartridge

Other _____

Face

Impact face shield

UV/Heat face shield/hood

Chemical splash face shield

Other _____

Training

Aerial Personnel lift/Powered Platform Training

Asbestos Awareness

Asbestos 8-hour for specific material

Back Protection

Blood Borne Pathogen

Confined Space Awareness

Confined Space Entry

Fall Prevention & Ladder Safety

First Aid

Forklift Safety

Hearing Conservation

Hoist/Lift Training (NON-Crane)

Hoist/Lift & Crane Training

Lead Awareness

Lead Worker

Lockout Safety

Respiratory Protection

Scaffold Safety

Other _____

WASTE DISPOSAL

No hazardous waste generated

Hazardous waste generated

Waste assessment needed

SIGNATURES

This form was COMPLETED by: (Signature)

[Signature]

Date 02/28/2020

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

[Signature]

Date 2/28/20

Hazard Assessment Coordinator (Signature)

[Signature] 2/28/2020