

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	CV Axle		

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 Brake dust
- 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 Overhead Powder Actuated Tools Power/Hand Tools

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

Aerial Personnel lift/Powered Platform Training

Hoist/Lift & Crane Training

Asbestos Awareness

Hoist/Lift Training (NON-Crane)

Asbestos 8-hour for specific material

Ladder Safety

Back Protection

Lead Awareness

Blood Borne Pathogen

Lead Worker

Confined Space Awareness

Lockout Safety

Confined Space Entry

Mobile Elevating Work Platform

Fall Prevention

NFPA 70E

First Aid/CPR

Respiratory Protection

Forklift Safety

Scaffold Safety

Hearing Conservation

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