

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 <u>Flat Service Shop</u>	SITE SPECIFIC WALKTHROUGH DONE
Task <u>Preventive Maint. Engine/Transmission</u>		<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) May include outdoor insects & Rodent sign

Asbestos-If suspect material present, AHERA survey information required or assumed positive

Biological Hazards (feces, blood) May include outdoor insect & Animal, driver & Passenger matter.

Compressed Gasses Low pressure air for tires - up to 120psi.

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 May include none or all

Excavation, trenching and shoring

Fall hazard

Fire hazard

Hot work Flammable materials Other _____

Hazardous Chemicals Used Motor Oil

Hazardous energy

Heat Hydraulic Stored energy Pressure Other Includes hot exhausts & fluids, Air bags

Heat Stress

Laboratory

Prework decontamination required FS Tool/Equipment decontamination required Other _____

Lead (paint, pipe, shielding, etc.) Old wheel weights may contain lead

Permit Required Confined Space

Powered materials Handling—including forklifts, powered industrial trucks, lifts, hoists Other Vehicle Lift

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 Uniforms

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)

2/28/2020 *[Signature]*