SAFETY HAZARD REVIEW CHE University of Washington Facilities	CKLIST		HRC#
onivoloky of viderinigion i domine			☐ Amended on://_
Before scheduling a job or assigning wor coordination or preventive/corrective acti			that apply, initiate appropriate
IMPORTANT NOTE: If you do not know h department safety contact or Environment			gulations and/or consult the your
Site Specific Walkthrough Completed	Yes	Date	No
Work Request #		Location	
Task			
Have you identified all potential hazards?	?		
SAFE WORK SITE			
☐ Access/Egress ☐ Inadequate lightin	ıg □ Ladder □ F	Pedestrian traffic   Scaff	olding D Vehicle traffic
☐ Other			
POTENTIAL HAZARDS (Mark all that a	ipply)		
☐ Airborne Contaminants			
☐ Animal dander ☐ Gas ☐ Genera	al Room Dust (pa	per, soil, clothing fibers, e	etc.) $\square$ Metal dust or fume $\square$ Mist
$\square$ Mold $\square$ Wood dust $\square$ Vapor			
☐ Other			
☐ Animals (includes insects)			
☐ <b>Asbestos</b> - If suspect material preser	nt, AHERA surve	y information required or	assumed positive
☐ Biological Hazards (feces, blood)			
☐ Compressed Gasses			
☐ Confined Space ☐ Permit-Required	d Confined Spac	ce	
☐ Cranes ☐ Hoisting & Rigging			
☐ Electrical			
☐ Extension cords (GFCI required)	☐ Exposed ener	gized electrical equipmer	nt 🗆 Generators
☐ Power lines overhead/undergrour	nd) 🗆 Outdoors a	and/or moist environment	(GFCI protection required)
☐ <b>Ergonomics</b> ☐ Lifting ☐ Repetitive	motion □ High F	orce   Awkward posture	9
☐ Excavation, Trenching and Shoring	J		
☐ Fall Hazard			
☐ Fire Hazard			

☐ Other \_

 $\square$  Hazardous Chemicals

☐ Hot work ☐ Flammable materials

POTENTIAL HAZARDS (continued)				
☐ Hazardous Energy				
$\square$ Heat $\square$ Hydraulic $\square$ Stored energy (kinetic energy) $\square$ Pressure				
☐ Other				
☐ Heat Stress ☐ Cold Stress				
☐ Laboratory				
$\square$ Pre-work decontamination required $\square$ FS Tool/Equipment decontamination required				
☐ Other				
☐ <b>Lead</b> (paint, pipe, shielding, etc.)				
□ Noise				
☐ Heavy Equipment ☐ Powder Actuated Tools ☐ Power/Hand Tools				
☐ Overhead Hazard				
☐ Powered Materials Handling including forklifts, powered industrial trucks, hoists				
☐ Other				
□ Radiation				
$\square$ lonizing (x-rays, lab sources and radioactive chemicals)				
$\square$ Non-ionizing (cell tower transmitters, Magnetic Resonance Imaging (MRI), lasers, ELF)				
☐ Scaffolding				
$\square$ Less than 10' high $\square$ Greater than 10' high $\square$ No Guardrails				
☐ Other				
□ Silica				
☐ Welding/Torch Cutting/Soldering				
☐ Other Potential or Actual Hazards				
SAFEGUARDS				
☐ Administrative Controls				
$\square$ Confined Space Permit $\square$ Employee rotation $\square$ 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				

SA	FEGUARDS (continued)			
П	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)			
ш	☐ Barricades ☐ Pedestrian traffic control ☐ Secure Access/Check-in ☐ Signs ☐ Vehicular traffic control			
	☐ Other			
	Comments on other control/corrective actions:			
PE	RSONAL PROTECTIVE EQUIPMENT			
_	Note: PPE covered by a hazard specific Work Plan/Permit does not need to be listed here.			
Ш	Body			
	☐ Arc rated ☐ Coverall ☐ FR clothing ☐ High Visibility Vests ☐ Tyvek —			
	Other			
	Eye			
	☐ Impact goggle/glasses ☐ Dust goggles ☐ Chemical goggles			
	□ Other			
	□ Face			
	$\square$ Chemical splash face shield $\square$ Impact face shield $\square$ 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			
Ц	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						
☐ Asbestos Awareness	☐ Hoist/Lift & Crane Training —					
☐ Asbestos 8-hour for specific material	☐ Hoist/Lift Training (NON-Crane)					
☐ Back Protection	☐ Ladder Safety					
☐ Blood Borne Pathogen	☐ Lead Awareness					
☐ Confined Space Awareness	☐ Lead Worker					
☐ Confined Space Entry	☐ Lockout Safety					
☐ Fall Prevention	☐ Mobile Elevating Work Platform					
☐ First Aid/CPR	□ NFPA 70E					
☐ Forklift Safety	☐ Respiratory Protection					
☐ Hearing Conservation	☐ Scaffold Safety					
☐ Other						
WASTE DISPOSAL						
$\square$ No hazardous waste generated $\square$ Hazardous waste generated $\square$ Waste assessment needed						
SIGNATURES						
COMPLETED by (Circotture)						
COMPLETED by: (Signature)	Date					
APPROVED by: (Signature of Supervisor approving Work Plan)  Date						
	10/8/2019					
Department Safety Contact (Signature)	Date					