University of Washington Facilities

□ 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 | | | |

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 | | | | |
| □ 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 | | | | |
| | | | | |
| \Box Extension cords (GFCI required) \Box Exposed energized electrical equipment \Box Generators | | | | |
| \Box Power lines overhead/underground) \Box 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 | | | |
| \Box Pre-work decontamination required \Box FS Tool/Equipment decontamination required | | | |
| □ Other | | | |
| Lead (paint, pipe, shielding, etc.) | | | |
| | | | |
| □ Heavy Equipment □ Powder Actuated Tools □ Power/Hand Tools | | | |
| Overhead Hazard | | | |
| Powered Materials Handling including forklifts, powered industrial trucks, hoists | | | |
| □ Other | | | |
| | | | |
| \Box Ionizing (x-rays, lab sources and radioactive chemicals) | | | |
| \Box Non-ionizing (cell tower transmitters, Magnetic Resonance Imaging (MRI), lasers, ELF) | | | |
| □ Scaffolding | | | |
| \Box Less than 10' high \Box Greater than 10' high \Box No Guardrails | | | |
| Other | | | |
| □ Silica | | | |
| Welding/Torch Cutting/Soldering | | | |
| Other Potential or Actual Hazards | | | |
| SAFEGUARDS | | | |
| □ Administrative Controls | | | |
| \Box Confined Space Permit \Box Employee rotation \Box 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 I Noise controls I Temporary lighting I Traffic control plan | | | |
| □ Other | | | |
| | | | |

| SA | FEGUARDS (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: | | | | |
| | | | | | |
| PE | RSONAL 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 | | | | |
| | 🗆 Еуе | | | | |
| | Impact goggle/glasses D 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 Are reted based Herdbet | | | | |
| | 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) Vellow (Organic vapor) Purple/Yellow combination | | | | | |
| Contact EH&S for correct cartridge | | | | | |
| □ Other | | | | | |
| | | | | | |
| | | | | | |
| 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 | | | | | |
| \Box No hazardous waste generated \Box Hazardous waste ge | enerated \Box Waste assessment needed | | | | |
| SIGNATURES | | | | | |
| | | | | | |
| COMPLETED by: (Signature) | Date | | | | |
| APPROVED by: (Signature of Supervisor approving Work P | Plan) Date | | | | |
| | | | | | |
| Department Safety Contact (Signature) | /0/8/2019 Date | | | | |
| | | | | | |