

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			

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**
- ☐ **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 ☐ Powder Actuated Tools ☐ Power/Hand Tools

☐ Overhead Hazard

☐ 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**☐ Asbestos Awareness☐ Asbestos 8-hour for specific material☐ Back Protection☐ Blood Borne Pathogen☐ Confined Space Awareness☐ Confined Space Entry☐ Fall Prevention☐ First Aid/CPR☐ Forklift Safety☐ Hearing Conservation☐ Other _____☐ Hoist/Lift & Crane Training☐ Hoist/Lift Training (NON-Crane)☐ Ladder Safety☐ Lead Awareness☐ Lead Worker☐ Lockout Safety☐ Mobile Elevating Work Platform☐ NFPA 70E☐ Respiratory Protection☐ Scaffold Safety**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*D. Joseph Grojean*

Department Safety Contact (Signature)*1/21/2021*

Date