SAFETY HAZARD REVIEW CHE University of Washington Facilities	CKLIST		HRC#
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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)
	☐ 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

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   Hoist/Lift & Crane Training   Hoist/Lift Training (NON-Crane)   Back Protection   Ladder Safety   Blood Borne Pathogen   Lead Awareness   Lead Worker   Confined Space Awareness   Lead Worker   Confined Space Entry   Lockout Safety
□ Other   □ Cartridges: □ Purple (HEPA) □ Yellow (Organic vapor) □ Purple/Yellow combination   □ Contact EH&S for correct cartridge   □ Other      Training     Asbestos Awareness   Hoist/Lift & Crane Training (NON-Crane)     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
Cartridges: Purple (HEPA) Yellow (Organic vapor) Purple/Yellow combination   Contact EH&S for correct cartridge   Other
□ 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
□ 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
□ 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
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□ Back Protection       □ Ladder Safety         □ Blood Borne Pathogen       □ Lead Awareness         □ Confined Space Awareness       □ Lead Worker
□ Blood Borne Pathogen □ Lead Awareness □ Confined Space Awareness □ Lead Worker
☐ Confined Space Awareness ☐ Lead Worker
•
☐ Confined Space Entry ☐ Lockout Safety
E Conduct datety
☐ 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: (Signature)  Date
APPROVED by: (Signature of Supervisor approving Work Plan)  Date
Department Safety Contact (Signature)  10/8/2019  Date