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   |  |  |  |  |
|   |  |  |  |  |
| 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  |  |  |  |  |
|    |  |  |  |  |  |
|    | 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  |  |  |  |  |
|    |  |  |  |  |  |
|    | 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)  |                                 |  |  |  |  |
|--|---------------------------------|--|--|--|--|
|  |                                 |  |  |  |  |
| 🗌 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  |                                 |  |  |  |  |
|  |                                 |  |  |  |  |
| 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: (Signature)  | Date                            |  |  |  |  |
| APPROVED by: (Signature of Supervisor approving Work Plan) Date  |                                 |  |  |  |  |
|  | 10/8/2019                       |  |  |  |  |
| Department Safety Contact (Signature)  | Date                            |  |  |  |  |
|  |                                 |  |  |  |  |