SAFETY HAZARD REVIEW CHECKLIST

University of Washington Facilities

HRC# 606

☐ 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 Wall Construction			

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
☐ 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
☐ Other _____

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 10/8/2019
Department Safety Contact (Signature) Date