| SAFETY HAZARD REVIEW CHE University of Washington Facilities                        | CKLIST           |                               | HRC#  |
|---|------------------|-------------------------------|---|
| onivoloky of viderinigion i dominos   |                  |                               | ☐ Amended on://_                                  |
| 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  |  |  |  |  |
| ☐ Heat ☐ Hydraulic ☐ Stored energy (kinetic energy) ☐ 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  |  |  |  |  |

| 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   | ☐ 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         | I ☐ Waste assessment needed       |  |  |  |
| SIGNATURES   |                                   |  |  |  |
| COMPLETED by (Circotum)  |                                   |  |  |  |
| COMPLETED by: (Signature)  | Date                              |  |  |  |
| APPROVED by: (Signature of Supervisor approving Work Plan)                         | <br>Date                          |  |  |  |
|  | 10/8/2019                         |  |  |  |
| Department Safety Contact (Signature)  10/8/2019  Date                             |                                   |  |  |  |