

# 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

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**

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)

*2/6/2023*  
\_\_\_\_\_  
Date