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				
\square Animal dander \square Gas \square General Room Dust (paper, soil, clothing fibers, etc.) \square Metal dust or fume \square Mist				
\square Mold \square Wood dust \square Vapor				
☐ Other				
☐ Animals (includes insects)				
☐ Asbestos - 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)	
☐ Ergonomics ☐ 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				
☐ 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				
\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					
Contriduces Durale (HEDA) D Vellow (Organic vener) D Durale (Vellow combination					
 □ 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					
Department Safety Contact (Signature) Department Safety Contact (Signature) Date					