SAFETY HAZARD REVIEW CHE University of Washington Facilities	CKLIST		HRC#		
onivolony of videnington i demine			☐ 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 ☐ General Room Dust (paper, soil, clothing fibers, etc.) ☐ Metal dust or fume ☐ 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)
ш	☐ 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

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 Respiratory Protection Hearing Conservation Scaffold Safety Other WASTE DISPOSAL No hazardous waste generated Hazardous waste generated Waste assessment needed SIGNATURES COMPLETED by: (Signature)	PERSONAL PROTECTIVE EQUIPMENT (continued)					
□ Other □ Cartridges: □ Purple (HEPA) □ Yellow (Organic vapor) □ Purple/Yellow combination □ Contact EH&S for correct cartridge □ Other □ 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	□ Respiratory					
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□ 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	□ Other					
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COMPLETED by: (Signature) Date	SIGNATURES					
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	COMPLETED by: (Signature)	Date				
APPROVED by: (Signature of Supervisor approving Work Plan) Date						
D. Joseph Grojean Department Safety Contact (Signature) 10/8/2019 Date						