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			y that apply, initiate appropriate	
IMPORTANT NOTE: If you do not know hodepartment 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 □ P	Pedestrian traffic   Scaff	folding   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)				
☐ <b>Asbestos</b> - If suspect material preser	nt, AHERA survey	ı information required or	assumed positive	
☐ Biological Hazards (feces, blood)				
$\square$ Compressed Gasses				
☐ Confined Space ☐ Permit-Required	d Confined Spac	ee		
$\square$ Cranes $\square$ Hoisting & Rigging				
☐ Electrical				
☐ Extension cords (GFCI required)	☐ Exposed energ	gized electrical equipme	nt 🗆 Generators	
☐ Power lines overhead/undergrour	nd) 🗌 Outdoors a	and/or moist environment	t (GFCI protection required)	
☐ <b>Ergonomics</b> ☐ Lifting ☐ Repetitive in	motion ☐ High F	orce   Awkward posture	е	
☐ Excavation, Trenching and Shoring	3			
☐ Fall Hazard				

☐ Other \_

 $\square$  Hazardous Chemicals

☐ Hot work ☐ Flammable materials

POTENTIAL HAZARDS (continued)			
☐ Hazardous Energy			
$\square$ Heat $\square$ Hydraulic $\square$ Stored energy (kinetic energy) $\square$ 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: (Signature)	Date					
APPROVED by: (Signature of Supervisor approving Work Plan)	 Date					
Department Safety Contact (Signature)						
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