{Name of Procedure} {Version X, Date}

{Unit/Dept/Shop/Area}

Standard operating procedure & certification of hazard assessment for PPE

|  |
| --- |
| **SIGNATURES** |
| APPROVED by: Click or tap here to enter text. Date: Click or tap to enter a date.  *Signature of supervisor approving hazard assessment & certifying PPE assessment*  REVIEWED by: Click or tap here to enter text. Date: Click or tap to enter a date.  *Signature of department/unit safety staff* |

# Names of those certifying this hazard assessment for PPE

Purpose

This work practice is for the use of {Unit/Dept/Shop/Area} staff employed by UW Facilities on the **Seattle campus, 1410 NE Campus Parkway, Seattle WA 98195** tasked with {list all tasks for this procedure}.

If conditions and/or hazards presented in this document are not reflective of the assigned task(s), then work must stop immediately. Personnel will notify their supervisor immediately to request guidance and an updated hazard assessment.

Roles and Responsibilities for This Task

\*Remove any roles/responsibilities not relevant to this SOP with Hazard Assessment

|  |  |
| --- | --- |
| **ROLE** | **RESPONSIBILITY** |
| UWF VP | * Overall authority and accountability for all operations within UWF. |
| Associate VP/ Assistant VP | * AVPs have operational responsibility and maintain overall responsibility for H&S performance in their respective units. |
| Executive Director/ Director | * Directors have the overall program responsibility for managing and safely executing work within their department. |
| Safety Staff  (Unit or Dept) | * Provide technical review of job specific health & safety plans, HRCs, JHAs, SOPs. |
| Manager/Area Manager/ Supervisor | * Ensure that individuals under supervision have the knowledge and skills to perform work safely, receive training appropriate to their job function, have access to required PPE and equipment, and maintain Health & Safety qualifications. * Ensure that individual employee Health & Safety performance is periodically assessed and documented using the appropriate performance review process. * Retraining is assigned if deficiencies are identified. |
| Person assigning work (Supervisor/ Project Manager/ Lead) | * Perform and document hazard assessments and modify them if the job changes or conditions change. * Assign work as needed. * Ensure employees are current with training. * Confirm employees have the right tools, PPE, and materials to do the job safely. |
| Employees | * Participate in training and any required medical monitoring & clearances. * Follow all procedures, training, and instructions. * Give due consideration to personal safety and the safety of others while performing assigned tasks. * Promptly report all health and safety issues, accidents, incidents, and near misses to supervision. * Stop work if additional hazards are discovered **or if work changes**. |

Hazard Assessment

Instructions:

To complete this form, use the [Hazards, Controls, PPE and Training Excel](https://facilities.uw.edu/partner-resources/files/media/hazard-controls-training.xlsx) file. This document is not comprehensive, and you can add items to your form that are not on the Excel file. There are tabs for each topic. Review each of these tabs to ensure you have considered most possible hazards/solutions. For every hazard you should have a Control and/or PPE and/or Training as a means of addressing the hazard. Have your Department/Unit safety staff, or UWF Safety (if you don’t have an assigned safety staff) review the hazard assessment for accuracy.

|  |  |  |  |
| --- | --- | --- | --- |
| **POTENTIAL HAZARD** | **CONTROLS AND RECOMMENDED ACTIONS** | **PERSONAL PROTECTIVE EQUIPMENT** | **TRAINING** |
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|  |  |  |  |

Equipment, Tools, and Chemicals, and Supplies

|  |  |
| --- | --- |
| **REQUIRED** | **OPTIONAL** |
|  |  |
|  |  |
|  |  |

Tasks and Steps

# Prepare Space

* list
* list
* list

# Procedure Steps

* list
* list
* list

# Final Housekeeping

* list
* list
* list

Document Information

This document is intended to comply with WAC 296-800-11005 and WAC 296-800- 16010.

# Employees receiving this information. If additional lines are needed, add separate sheet.

|  |  |
| --- | --- |
| **NAME** | **DATE** |
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|  |  |

# Version Change History

Version 1: {date}