Hazard Assessment Form

Department/Group:	**Date:**	I certify that the above inspection was performed to the best of my knowledge and ability, based on the hazards present on this date.

☐A worksite or task	Specify location or task:
☐An employee(s) job description	Name of employee(s):
	Working title of position(s): Position Number(s):

EYE/FACE HAZARDS (Appendix A).

Check the box for each hazard:		*Description of hazard(s):*	*Controls in place:*	*Identify required PPE.*
Chemical/Biological	Yes ☐		☐Fume hood/bio cabinet	☐Safety glasses
Extreme Heat/Cold	Yes ☐		☐Enclosure/guarding	☐Goggles- chem or cutting
Dust or Flying Debris	Yes ☐		☐Shielding	☐Face shield (type)
Impact or Explosion	Yes ☐		☐Safe work practices	☐Welding helmet
UV Light (ex. welding)	Yes ☐		☐Dust collection system	☐Laser eyewear
Radiation (ex. lasers)	Yes ☐		☐Distance	☐Arc-flash hood

HEAD HAZARDS (Appendix B).

Check the box for each hazard:		*Description of hazard(s):*	*Controls in place:*	*Identify required PPE.*
Impact/low clearance	Yes ☐		☐Canopy	☐Hard hat – class
Electrical Shock	Yes ☐		☐De-energization	☐Bicycle helmets
Entanglement	Yes ☐		☐Hair secured	☐Other:

FOOT/LEG HAZARDS (Appendix C)

Check the box for each hazard:		*Description of hazard(s):*	*Controls in place:*	*Identify required PPE.*
Chemical/Biological	Yes ☐		☐Substitution	☐Work boots
Extreme Heat/Cold	Yes ☐		☐Mechanical device used	☐Steel-toed shoes/boots
Impact/Compression	Yes ☐		☐Housekeeping	☐Slip-resistant shoes
Puncture	Yes ☐		☐Isolation/grounding	☐Puncture-resistant shoes
Explosive/Flammable	Yes ☐		☐Safe work practices	☐Non-conductive
Slippery/Wet Surfaces	Yes ☐		☐Appropriate clothing	☐Metatarsal protection
Electrical	Yes ☐		☐Other:	☐Shin guards

HAND/ARM HAZARDS (Appendix D)

Check the box for each hazard:		*Description of hazard(s):*	*Controls in place:*	*Identify required PPE.*
Chemical/Biological	Yes ☐		☐Substitution (product)	☐Chemical-resistant gloves
Extreme Heat/Cold	Yes ☐		☐De-energization	☐Thermal-protective gloves
Cuts or Abrasion	Yes ☐		☐Elimination/isolation	☐Cut-resistant gloves
Puncture or Pinch	Yes ☐		☐Mechanical devices	☐Leather gloves
Electrical Shock	Yes ☐		☐Guarding/distance	☐Voltage-rated–Class:
Radiation	Yes ☐		☐Reduce time exposed	☐Latex/nylon/nitrile gloves
Vibration/Grip	Yes ☐		☐Other:	☐Anti-vibration gloves
Bloodborne Pathogens	Yes ☐		☐Other:	☐Other:

Hazard Assessment Form

BODY/TORSO HAZARDS (Appendix F)				
Check the box for each hazard:		*Description of hazard(s):*	*Controls in place:*	*Identify required PPE.*
Chemical/Biological	Yes ☐		☐Reduce time exposed	☐Lab coat or coveralls
Extreme Heat/Cold	Yes ☐		☐Guards/barriers	☐Apron (type):
Radiation	Yes ☐		☐Substitution (product)	☐Flame-resistant clothing
Particulates/liquids	Yes ☐		☐De-energization	☐Aluminized clothing
Cut/Abrasion/Puncture	Yes ☐		☐Mechanical devices	☐Vest (high visibility)
Electrical Arc or Blast	Yes ☐		☐Distance	☐Tyvek suit
Low visibility	Yes ☐		☐Other:	☐Arc-flash suit- calorie
FALL HAZARDS (Appendix G). Work on a surface with an unprotected side or edge that is 4 feet or more above a lower level				
Check the box for each hazard:		*Description of hazard(s):*	*Controls in place:*	*Identify required PPE.*
Fall Hazard	Yes ☐		☐Guardrail ☐Safe work practices	☐Full-body harness
NOISE HAZARDS (Appendix G). Noise exceeding 90 dBA during an 8 hour work period				
Check the box for each hazard:		*Description of hazard(s):*	*Controls in place:*	*Identify required PPE.*
Excessive Noise	Yes ☐		☐Noise reduction (design)	☐Ear plugs
Ultrasonics	Yes ☐		☐Reduced exposure	☐Ear muffs
RESPIRATORY HAZARDS (Appendix G) Harmful dusts, mists, fumes				
Check the box for each hazard:		*Description of hazard(s):*	*Controls in place:*	*Identify required PPE.*
Chemicals/Pesticides	Yes ☐		☐Fume hood	☐Air-line or SCBA
Particulates	Yes ☐		☐Biological safety cabinet	☐PAPR
Nanoscale Particulates	Yes ☐		☐Local exhaust ventilation	☐Full-face
Confined Space Work	Yes ☐		☐Increase air flow/outside	☐Half-face
Welding/Cutting Fumes	Yes ☐		☐Filtration	☐N-95/100
Biologicals	Yes ☐		☐Other	☐Dust Mask

If there are any other potential exposure hazards or personal protective equipment not identified on the form that need to be addressed, please list below and return this form to Robin Miller at EHS Mail Code 0423.