

Workplace Hazard Assessment Form

Use this form to help identify the Personal Protective Equipment (PPE) required within each work location. Multiple forms may be used, as needed, to include all work areas or job functions within a Department. *Note:

Unit Managers may not permit students to Work Alone

2

Department:	Section/Shop:
Work Location(s):	
Job Functions/Activities:	

Type of Hazards Present (check all that apply)	Describe Hazards	Personal Protective Equipment (check all applicable and describe the specific PPE required e.g., splash goggles, face shields, nitrile gloves, hard hat, etc.)
<input type="checkbox"/> Impact (e.g. falling or flying objects, sand, dirt, dust, particulate, etc.)		<input type="checkbox"/> Eye/face <input type="checkbox"/> Hand <input type="checkbox"/> Head <input type="checkbox"/> Clothing <input type="checkbox"/> Foot/leg <input type="checkbox"/> Other
	Do hazards prohibit working alone? Yes <input type="checkbox"/> No <input type="checkbox"/>	
<input type="checkbox"/> Cuts/Penetration (e.g. cuts, punctures, lacerations, etc.)		<input type="checkbox"/> Eye/face <input type="checkbox"/> Hand <input type="checkbox"/> Head <input type="checkbox"/> Clothing <input type="checkbox"/> Foot/leg <input type="checkbox"/> Other
	Do hazards prohibit working alone? Yes <input type="checkbox"/> No <input type="checkbox"/>	
<input type="checkbox"/> Pinch/Crush/Roll Over (e.g., moving machine parts, falling/rolling heavy equipment, etc.)		<input type="checkbox"/> Eye/face <input type="checkbox"/> Hand <input type="checkbox"/> Head <input type="checkbox"/> Clothing <input type="checkbox"/> Foot/leg <input type="checkbox"/> Other
	Do hazards prohibit working alone? Yes <input type="checkbox"/> No <input type="checkbox"/>	
<input type="checkbox"/> Chemical (e.g. pouring, mixing, splash hazards, washing/cleaning, etc.) <input type="checkbox"/> Flammable <input type="checkbox"/> Reactive <input type="checkbox"/> Toxic <input type="checkbox"/> Asphyxiant <input type="checkbox"/> Corrosive <input type="checkbox"/> Other		<input type="checkbox"/> Eye/face <input type="checkbox"/> Hand <input type="checkbox"/> Head <input type="checkbox"/> Clothing <input type="checkbox"/> Foot/leg <input type="checkbox"/> Other (e.g., Respiratory- Contact EH&S for direction)
	Do hazards prohibit working alone? Yes <input type="checkbox"/> No <input type="checkbox"/>	
<input type="checkbox"/> Biological (e.g. infectious materials, human or animal tissue, blood or body fluids, biological toxins, etc.)		<input type="checkbox"/> Eye/face <input type="checkbox"/> Hand <input type="checkbox"/> Head <input type="checkbox"/> Clothing <input type="checkbox"/> Foot/leg <input type="checkbox"/> Other
	Do hazards prohibit working alone? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Assessment Completed By: _____		Title: _____	Date: _____	Email: _____	Unit: _____	Phone: _____
<input type="checkbox"/> Thermal (Hot/Cold) (e.g. torching, hot sparks, welding, working on steam systems, working with steam systems, working with cryogenic gases, etc.)	Do hazards prohibit working alone? Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/> Eye/face <input type="checkbox"/> Hand <input type="checkbox"/> Head <input type="checkbox"/> Clothing <input type="checkbox"/> Foot/leg <input type="checkbox"/> Other			
	Do hazards prohibit working alone? Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/> Eye/face <input type="checkbox"/> Hand <input type="checkbox"/> Head <input type="checkbox"/> Clothing <input type="checkbox"/> Foot/leg <input type="checkbox"/> Other			
<input type="checkbox"/> Electrical (e.g. exposed electrical conductors, energized parts, electrical switch gear, etc.)	Do hazards prohibit working alone? Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/> Eye/face <input type="checkbox"/> Hand <input type="checkbox"/> Head <input type="checkbox"/> Clothing <input type="checkbox"/> Foot/leg <input type="checkbox"/> Other			
	Do hazards prohibit working alone? Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/> Eye/face <input type="checkbox"/> Hand <input type="checkbox"/> Head <input type="checkbox"/> Clothing <input type="checkbox"/> Foot/leg <input type="checkbox"/> Other			
<input type="checkbox"/> Harmful Dust/Mists/Fumes/Vapor (e.g., grinding, drilling, sanding, welding, brazing, soldering, working with silica dust, nanomaterials, animal bedding, allergens, etc.)	Do hazards prohibit working alone? Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/> Eye/face <input type="checkbox"/> Hand <input type="checkbox"/> Head <input type="checkbox"/> Clothing <input type="checkbox"/> Foot/leg <input type="checkbox"/> Respiratory (Contact EH&S for direction) <input type="checkbox"/> Other			
	Do hazards prohibit working alone? Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/> Eye/face <input type="checkbox"/> Hand <input type="checkbox"/> Head <input type="checkbox"/> Clothing <input type="checkbox"/> Foot/leg <input type="checkbox"/> Other			
<input type="checkbox"/> Light (Optical) Radiation (e.g. laser, UV light, optical, etc.)	Do hazards prohibit working alone? Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/> Eye/face <input type="checkbox"/> Other			
	Do hazards prohibit working alone? Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/> Eye/face <input type="checkbox"/> Hand <input type="checkbox"/> Head <input type="checkbox"/> Clothing <input type="checkbox"/> Foot/leg <input type="checkbox"/> Other			
<input type="checkbox"/> Ionizing Radiation (e.g., X-rays, radioisotopes, etc.)	Do hazards prohibit working alone? Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/> Eye/face <input type="checkbox"/> Hand <input type="checkbox"/> Head <input type="checkbox"/> Clothing <input type="checkbox"/> Foot/leg <input type="checkbox"/> Other			
	Do hazards prohibit working alone? Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/> Eye/face <input type="checkbox"/> Hand <input type="checkbox"/> Head <input type="checkbox"/> Clothing <input type="checkbox"/> Foot/leg <input type="checkbox"/> Other			
<input type="checkbox"/> Noise (e.g. continuous noise, impact noise, intermittent noise, etc.)	Do hazards prohibit working alone? Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/> Eye/face <input type="checkbox"/> Hand <input type="checkbox"/> Head <input type="checkbox"/> Clothing <input type="checkbox"/> Foot/leg <input type="checkbox"/> Other			
	Do hazards prohibit working alone? Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/> Hearing (Contact EHS for direction)			
<input type="checkbox"/> Other (e.g. slippery walking surfaces, working from heights, vibration, etc.)	Do hazards prohibit working alone? Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/> Eye/face <input type="checkbox"/> Hand <input type="checkbox"/> Head <input type="checkbox"/> Clothing <input type="checkbox"/> Foot/leg <input type="checkbox"/> Other			
	Do hazards prohibit working alone? Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/> Eye/face <input type="checkbox"/> Hand <input type="checkbox"/> Head <input type="checkbox"/> Clothing <input type="checkbox"/> Foot/leg <input type="checkbox"/> Other			
<input type="checkbox"/> NONE (check if no apparent hazards exist)	Do hazards prohibit working alone? Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/> Eye/face <input type="checkbox"/> Hand <input type="checkbox"/> Head <input type="checkbox"/> Clothing <input type="checkbox"/> Foot/leg <input type="checkbox"/> Other			