

HAZARD ASSESSMENT FORM
For
University of Virginia Departments

Required by the Occupational Safety & Health Administration
(OSHA) Personal Protective Equipment Standard
(29 CFR 1910.132-138)

Prepared by: Michelle Whitlock,
UVa-Environmental Health & Safety
(*maw4u@virginia.edu*)

2006	<h1 style="margin: 0;">Hazard Assessment Form</h1>		Reference – 29 CFR 1910.132
	Facility: _____		
Work Area:		Assessment by:	
		Date:	

EYES

<p><u>Work activities, such as:</u></p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> abrasive blasting</td> <td><input type="checkbox"/> sanding</td> </tr> <tr> <td><input type="checkbox"/> chopping</td> <td><input type="checkbox"/> sawing</td> </tr> <tr> <td><input type="checkbox"/> cutting</td> <td><input type="checkbox"/> grinding</td> </tr> <tr> <td><input type="checkbox"/> drilling</td> <td><input type="checkbox"/> hammering</td> </tr> <tr> <td><input type="checkbox"/> welding</td> <td><input type="checkbox"/> chipping</td> </tr> <tr> <td><input type="checkbox"/> soldering</td> <td></td> </tr> <tr> <td><input type="checkbox"/> torch brazing</td> <td></td> </tr> <tr> <td><input type="checkbox"/> working outdoors</td> <td></td> </tr> <tr> <td><input type="checkbox"/> computer work</td> <td></td> </tr> <tr> <td><input type="checkbox"/> punch press operations</td> <td></td> </tr> <tr> <td><input type="checkbox"/> other:</td> <td></td> </tr> </table>	<input type="checkbox"/> abrasive blasting	<input type="checkbox"/> sanding	<input type="checkbox"/> chopping	<input type="checkbox"/> sawing	<input type="checkbox"/> cutting	<input type="checkbox"/> grinding	<input type="checkbox"/> drilling	<input type="checkbox"/> hammering	<input type="checkbox"/> welding	<input type="checkbox"/> chipping	<input type="checkbox"/> soldering		<input type="checkbox"/> torch brazing		<input type="checkbox"/> working outdoors		<input type="checkbox"/> computer work		<input type="checkbox"/> punch press operations		<input type="checkbox"/> other:		<p><u>Work-related exposure to:</u></p> <input type="checkbox"/> airborne dust <input type="checkbox"/> dirt <input type="checkbox"/> UV <input type="checkbox"/> flying particles/objects <input type="checkbox"/> blood splashes <input type="checkbox"/> hazardous liquid chemicals mists <input type="checkbox"/> chemical splashes <input type="checkbox"/> molten metal splashes <input type="checkbox"/> glare/high intensity lights <input type="checkbox"/> laser operations <input type="checkbox"/> intense light <input type="checkbox"/> hot sparks <input type="checkbox"/> other:	<p><u>Can hazard be eliminated without the use of PPE?</u> Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><u>If no, use:</u></p> <input type="checkbox"/> Safety glasses <input type="checkbox"/> Safety goggles <input type="checkbox"/> Dust-tight goggles <input type="checkbox"/> Impact goggles <input type="checkbox"/> Welding helmet/shield <input type="checkbox"/> Chemical goggles <input type="checkbox"/> Chemical splash goggles <input type="checkbox"/> Laser goggles <input type="checkbox"/> Shading/Filter (# _____) <input type="checkbox"/> Welding shield <input type="checkbox"/> Other:
<input type="checkbox"/> abrasive blasting	<input type="checkbox"/> sanding																							
<input type="checkbox"/> chopping	<input type="checkbox"/> sawing																							
<input type="checkbox"/> cutting	<input type="checkbox"/> grinding																							
<input type="checkbox"/> drilling	<input type="checkbox"/> hammering																							
<input type="checkbox"/> welding	<input type="checkbox"/> chipping																							
<input type="checkbox"/> soldering																								
<input type="checkbox"/> torch brazing																								
<input type="checkbox"/> working outdoors																								
<input type="checkbox"/> computer work																								
<input type="checkbox"/> punch press operations																								
<input type="checkbox"/> other:																								
		<p><u>With:</u></p> <input type="checkbox"/> Side shields <input type="checkbox"/> Face shield <input type="checkbox"/> Shaded <input type="checkbox"/> Prescription																						

FACE

<p><u>Work activities, such as:</u></p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> cleaning</td> <td><input type="checkbox"/> foundry work</td> </tr> <tr> <td><input type="checkbox"/> cooking</td> <td><input type="checkbox"/> welding</td> </tr> <tr> <td><input type="checkbox"/> siphoning</td> <td><input type="checkbox"/> mixing</td> </tr> <tr> <td><input type="checkbox"/> painting</td> <td><input type="checkbox"/> pouring molten metal</td> </tr> <tr> <td><input type="checkbox"/> dip tank operations</td> <td><input type="checkbox"/> working outdoors</td> </tr> <tr> <td><input type="checkbox"/> pouring</td> <td></td> </tr> <tr> <td><input type="checkbox"/> other:</td> <td></td> </tr> </table>	<input type="checkbox"/> cleaning	<input type="checkbox"/> foundry work	<input type="checkbox"/> cooking	<input type="checkbox"/> welding	<input type="checkbox"/> siphoning	<input type="checkbox"/> mixing	<input type="checkbox"/> painting	<input type="checkbox"/> pouring molten metal	<input type="checkbox"/> dip tank operations	<input type="checkbox"/> working outdoors	<input type="checkbox"/> pouring		<input type="checkbox"/> other:		<p><u>Work-related exposure to:</u></p> <input type="checkbox"/> hazardous liquid chemicals <input type="checkbox"/> extreme heat <input type="checkbox"/> extreme cold <input type="checkbox"/> potential irritants: <input type="checkbox"/> other:	<p><u>Can hazard be eliminated without the use of PPE?</u> Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><u>If no, use:</u></p> <input type="checkbox"/> Face shield <input type="checkbox"/> Shading/Filter (# _____) <input type="checkbox"/> Welding shield <input type="checkbox"/> Other:
<input type="checkbox"/> cleaning	<input type="checkbox"/> foundry work															
<input type="checkbox"/> cooking	<input type="checkbox"/> welding															
<input type="checkbox"/> siphoning	<input type="checkbox"/> mixing															
<input type="checkbox"/> painting	<input type="checkbox"/> pouring molten metal															
<input type="checkbox"/> dip tank operations	<input type="checkbox"/> working outdoors															
<input type="checkbox"/> pouring																
<input type="checkbox"/> other:																

HEADWork activities, such as:

- building maintenance
- confined space operations
- construction
- electrical wiring
- walking/working under catwalks
- walking/working on catwalks
- walking/working under conveyor belts
- working with/around conveyor belts
- walking/working under crane loads
- utility work
- other:

Work-related exposure to:

- beams
- pipes
- exposed electrical wiring or components
- falling objects
- fixed object
- machine parts
- other:

Can hazard be eliminated without the use of PPE?Yes No If no, use:

- Protective Helmet
 - Type A (low voltage)
 - Type B (high voltage)
 - Type C
 - Bump cap (not ANSI-approved)
- Hair net or soft cap
- Other:

HANDS/ARMSWork activities, such as:

- | | |
|--|--|
| <input type="checkbox"/> baking | <input type="checkbox"/> material handling |
| <input type="checkbox"/> cooking | <input type="checkbox"/> sanding |
| <input type="checkbox"/> grinding | <input type="checkbox"/> sawing |
| <input type="checkbox"/> welding | <input type="checkbox"/> hammering |
| <input type="checkbox"/> working with glass | <input type="checkbox"/> using power tools |
| <input type="checkbox"/> using computers | <input type="checkbox"/> working outdoors |
| <input type="checkbox"/> using knives | |
| <input type="checkbox"/> dental and health care services | |
| <input type="checkbox"/> garbage disposal | |
| <input type="checkbox"/> computer work | |
| <input type="checkbox"/> other: | |

Work-related exposure to:

- blood
- irritating chemicals
- tools or materials that could scrape, bruise, or cut
- extreme heat
- extreme cold
- animal bites
- electric shock
- vibration
- musculoskeletal disorders
- sharps injury
- other:

Can hazard be eliminated without the use of PPE?Yes No If no, use:

- Gloves
 - Chemical resistance
 - Liquid/leak resistance
 - Temperature resistance
 - Abrasion/cut resistance
 - Slip resistance
 - Latex or nitrile
 - Anti-vibration
- Protective sleeves
- Ergonomic equipment _____
- Other:

FEET/LEGSWork activities, such as:

- building maintenance
- construction
- demolition
- food processing
- foundry work
- working outdoors
- logging
- plumbing
- trenching
- use of highly flammable materials
- welding
- other:

Work-related exposure to:

- explosive atmospheres
- explosives
- exposed electrical wiring
- heavy equipment
- slippery surfaces
- impact from objects
- pinch points
- crushing
- slippery/wet surface
- sharps injury
- blood
- chemical splash
- chemical penetration
- extreme heat/cold
- fall
- other:

Can hazard be eliminated without the use of PPE?Yes No If no, use:

- Safety shoes or boots
 - Toe protection
 - Electrical protection
 - Puncture resistance
 - Anti-slip soles
 - Leggings or chaps
 - Foot-Leg guards
 - Other:
- Metatarsal protection
 - Heat/cold protection
 - Chemical resistance

BODY/SKINWork activities such as:

- baking or frying
- battery charging
- dip tank operations
- fiberglass installation
- sawing
- other:

Work-related exposure to:

- chemical splashes
- extreme heat
- extreme cold
- sharp or rough edges
- irritating chemicals
- other:

Can hazard be eliminated without the use of PPE?Yes No If no, use:

- Vest, Jacket
- Coveralls, Body suit
- Raingear
- Apron
- Welding leathers
- Abrasion/cut resistance
- Other:

With:
 Long sleeves

BODY/WHOLEWork activities such as:

- building maintenance
 construction
 logging
 computer work
 working outdoors
 utility work
 other:

Work-related exposure to:

- working from heights of 10 feet or more
 impact from flying objects
 impact from moving vehicles
 sharps injury
 blood
 electrical/static discharge
 hot metal
 musculoskeletal disorders
 sparks
 chemicals
 extreme heat/cold
 elevated walking/working surface
 working near water
 injury from slip/trip/fall
 other:

Can hazard be eliminated without the use of PPE?Yes No If no, use:

- Fall Arrest/Restraint
 Traffic vest
 Static coats/overalls
 Flame resistant jacket/pants
 Insulated jacket
 Cut resistant sleeves/wristlets
 hoists/lifts
 ergonomic equipment: _____
 Other:

With:

- Hood
 Full sleeves

LUNGS/RESPIRATORYWork activities such as:

- cleaning
 mixing
 painting
 fiberglass installation
 compressed air or gas operations
 confined space work
 floor installation
 ceiling repair
 working outdoors
 other:
- pouring
 sawing

Work-related exposure to:

- dust or particulate
 toxic gas/vapor
 chemical irritants (acids)
 welding fume
 asbestos
 pesticides
 organic vapors
 oxygen deficient environment
 paint spray
 extreme heat/cold
 other:

Can hazard be eliminated without the use of PPE?Yes No If no, use:

- Dust mask
 Disposable particulate respirator
 Replaceable filter particulate w/cartridge
 PAPR (Air recycle)
 PPSA (Air supply)

With/Type:

- face shield
 acid/gas crtgd
 organic crtgd
 pesticide crtgd
 spray paint crtgd
 half faced
 full faced
 hooded

EARS/HEARINGWork activities such as:

- | | |
|---|------------------------------------|
| <input type="checkbox"/> generator | <input type="checkbox"/> grinding |
| <input type="checkbox"/> ventilation fans | <input type="checkbox"/> machining |
| <input type="checkbox"/> motors | <input type="checkbox"/> routers |
| <input type="checkbox"/> sanding | <input type="checkbox"/> sawing |
| <input type="checkbox"/> pneumatic equipment | <input type="checkbox"/> sparks |
| <input type="checkbox"/> punch or brake presses | |
| <input type="checkbox"/> use of conveyors | |
| <input type="checkbox"/> other: | |

Work-related exposure to:

- loud noises
- loud work environment
- noisy machines/tools
- punch or brake presses
- other:

Can hazard be eliminated without the use of PPE?Yes No If no, use:

- ear muffs
- ear plugs
- leather welding hood