

Instructions: Employees shall complete this form (2 pages) when evaluating new or existing tasks and work assignments. Describe the job/task in the space provided. Check all boxes in Sections 1-4 that apply to potential hazards that may be encountered as part of the job/task.

## Hazard Identification

## 1. Chemical Hazards

- |                          |                       |
|--------------------------|-----------------------|
| <input type="checkbox"/> | Flammable/Combustible |
| <input type="checkbox"/> | Corrosive             |
| <input type="checkbox"/> | Oxidizer              |
| <input type="checkbox"/> | Reactive              |
| <input type="checkbox"/> | Toxic                 |
| <input type="checkbox"/> | Inhalation            |
| <input type="checkbox"/> | Skin                  |
| <input type="checkbox"/> | Eye                   |
| <input type="checkbox"/> | Asbestos/Lead         |
| <input type="checkbox"/> | Degreasers/Detergents |
| <input type="checkbox"/> | Odors/Fumes           |
| <input type="checkbox"/> | Pesticide/Herbicide   |
| <input type="checkbox"/> | Refrigerant           |
| <input type="checkbox"/> | Vapors                |
| <input type="checkbox"/> | Paint/Stains          |
| <input type="checkbox"/> | Adhesives/Mastic      |
| <input type="checkbox"/> |                       |
| <input type="checkbox"/> |                       |

## 2. Biological Hazards

- |                          |                           |
|--------------------------|---------------------------|
| <input type="checkbox"/> | Insects (Stings/Bites)    |
| <input type="checkbox"/> | Animals (Droppings)       |
| <input type="checkbox"/> | Animals (Scratches/Bites) |
| <input type="checkbox"/> | Plants (Allergens/Rashes) |
| <input type="checkbox"/> | Mold/Fungus               |
| <input type="checkbox"/> | Viral/Bacterial           |
| <input type="checkbox"/> | Blood/Bodily Fluids       |
| <input type="checkbox"/> | Airborne Pathogens        |
| <input type="checkbox"/> |                           |

### 3. Radiological Hazards

- |                          |                      |
|--------------------------|----------------------|
| <input type="checkbox"/> | Ultra-Violet         |
| <input type="checkbox"/> | Sunlight             |
| <input type="checkbox"/> | Infrared/Lasers      |
| <input type="checkbox"/> | Isotopes             |
| <input type="checkbox"/> | Smoke Detectors      |
| <input type="checkbox"/> | Laboratory Equipment |
| <input type="checkbox"/> |                      |

Date:

Employee:

Location:

|                       |  |
|-----------------------|--|
| Job/Task Description: |  |
|-----------------------|--|

#### 4. Physical Hazards

- |                          |                          |                          |                    |                          |                       |
|--------------------------|--------------------------|--------------------------|--------------------|--------------------------|-----------------------|
| <input type="checkbox"/> | Noise                    | <input type="checkbox"/> | Traffic            | <input type="checkbox"/> | Pressure Washer       |
| <input type="checkbox"/> | Heat                     | <input type="checkbox"/> | Working Near Water | <input type="checkbox"/> | Hand/Power Tools      |
| <input type="checkbox"/> | Cold                     | <input type="checkbox"/> | Demolition         | <input type="checkbox"/> | Vacuum                |
| <input type="checkbox"/> | Hot Work                 | <input type="checkbox"/> | Excavation         | <input type="checkbox"/> | Kaivac                |
| <input type="checkbox"/> | Confined Space           | <input type="checkbox"/> | Welding/Cutting    | <input type="checkbox"/> | Floor Scrubber        |
| <input type="checkbox"/> | Stored Energy            | <input type="checkbox"/> | Hot Surfaces       | <input type="checkbox"/> | Extractor             |
| <input type="checkbox"/> | Elevation                | <input type="checkbox"/> | Hot Materials      | <input type="checkbox"/> | Floor Machine         |
| <input type="checkbox"/> | Utilities                | <input type="checkbox"/> | Compressed Gases   | <input type="checkbox"/> | Air Mover             |
| <input type="checkbox"/> | Manual Material Handling | <input type="checkbox"/> | End Loaders        | <input type="checkbox"/> | Floor Buffer          |
| <input type="checkbox"/> | Ladders                  | <input type="checkbox"/> | Aerial Lifts       | <input type="checkbox"/> | Standing/Pooled Water |
| <input type="checkbox"/> | Scaffolding              | <input type="checkbox"/> | Bucket Truck       | <input type="checkbox"/> | Hazardous Atmospheres |
| <input type="checkbox"/> | Stairs                   | <input type="checkbox"/> | Electricity        | <input type="checkbox"/> | Sewage/Wastewater     |
| <input type="checkbox"/> | Walking/Working Surfaces | <input type="checkbox"/> | Steam              | <input type="checkbox"/> | Ergonomics            |
| <input type="checkbox"/> | Terrain                  | <input type="checkbox"/> | Caught Between     | <input type="checkbox"/> | Machinery             |
| <input type="checkbox"/> | Dust/Particulates        | <input type="checkbox"/> | Struck By          | <input type="checkbox"/> | Mobile Equipment      |
| <input type="checkbox"/> |                          | <input type="checkbox"/> |                    | <input type="checkbox"/> |                       |

Other Worksite or Job Hazards:

|  <b>Michigan Technological University</b><br><b>Facilities Management</b>                                                                                                         |                                                    | JOB HAZARD ASSESSMENT                               |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|-----------------------------------------------------|--|
| Instructions: Check all boxes in Sections 5-8 that apply to protective measures and administrative controls that would make performance of the job/task as safe as possible. Information reported on this form will be used to create a Job Hazard Analysis (JHA). |                                                    |                                                     |  |
| Protective Measures & Administrative Controls                                                                                                                                                                                                                      |                                                    |                                                     |  |
| 5. Engineering Controls                                                                                                                                                                                                                                            |                                                    | 6. Administrative Controls                          |  |
| <input type="checkbox"/> Guard Rails                                                                                                                                                                                                                               | <input type="checkbox"/> Training                  | <input type="checkbox"/> Laboratory Rules           |  |
| <input type="checkbox"/> Machine Guards                                                                                                                                                                                                                            | <input type="checkbox"/> Certification             | <input type="checkbox"/> Manufacturer Instructions  |  |
| <input type="checkbox"/> Shoring                                                                                                                                                                                                                                   | <input type="checkbox"/> Hot Work Permit           | <input type="checkbox"/> Safety Data Sheets         |  |
| <input type="checkbox"/> Bracing                                                                                                                                                                                                                                   | <input type="checkbox"/> Lock Out/Tag Out          | <input type="checkbox"/> Checklists                 |  |
| <input type="checkbox"/> Barricades                                                                                                                                                                                                                                | <input type="checkbox"/> MISS Dig                  | <input type="checkbox"/> Permits                    |  |
| <input type="checkbox"/> Ventilation/Exhaust                                                                                                                                                                                                                       | <input type="checkbox"/> Equipment Inspection      | <input type="checkbox"/> Job Hazard Analysis (JHA)  |  |
| <input type="checkbox"/> Dust Control                                                                                                                                                                                                                              | <input type="checkbox"/> Preventive Maintenance    | <input type="checkbox"/> Notifications/Signage      |  |
| <input type="checkbox"/>                                                                                                                                                                                                                                           | <input type="checkbox"/>                           | <input type="checkbox"/>                            |  |
| Protective Measures & Hazard Controls                                                                                                                                                                                                                              |                                                    |                                                     |  |
| 7. Personal Protective Equipment                                                                                                                                                                                                                                   |                                                    |                                                     |  |
| <input type="checkbox"/> Respirator (Air Supplying)                                                                                                                                                                                                                | <input type="checkbox"/> Safety Shoes/Boots        | <input type="checkbox"/> Hard Hat                   |  |
| <input type="checkbox"/> Respirator (SCBA)                                                                                                                                                                                                                         | <input type="checkbox"/> Rubber Boots              | <input type="checkbox"/> Bump Cap                   |  |
| <input type="checkbox"/> Respirator (Air Purifying)                                                                                                                                                                                                                | <input type="checkbox"/> Slip-Resistant Shoes      | <input type="checkbox"/> Flash Light/Head Lamp      |  |
| <input type="checkbox"/> Dust Mask (Disposable)                                                                                                                                                                                                                    | <input type="checkbox"/> Tyvek Booties             | <input type="checkbox"/> Multimeter                 |  |
| <input type="checkbox"/> Goggles (Chemical)                                                                                                                                                                                                                        | <input type="checkbox"/> Gloves (Nitrile)          | <input type="checkbox"/> Infrared Camera            |  |
| <input type="checkbox"/> Goggles (Anti-Fog)                                                                                                                                                                                                                        | <input type="checkbox"/> Gloves (Cut-Resistant)    | <input type="checkbox"/> Ear Plugs                  |  |
| <input type="checkbox"/> Face Shield                                                                                                                                                                                                                               | <input type="checkbox"/> Gloves (Water-Resistant)  | <input type="checkbox"/> Ear Muffs                  |  |
| <input type="checkbox"/> Thermal Shield                                                                                                                                                                                                                            | <input type="checkbox"/> Gloves (Insulated)        | <input type="checkbox"/> Tyvek Coveralls            |  |
| <input type="checkbox"/> Welding Mask                                                                                                                                                                                                                              | <input type="checkbox"/> Gloves (Leather)          | <input type="checkbox"/> Coveralls                  |  |
| <input type="checkbox"/> Cutting Glasses                                                                                                                                                                                                                           | <input type="checkbox"/> Fall-Arrest Lanyard       | <input type="checkbox"/> Fire Resistant Clothing    |  |
| <input type="checkbox"/> Safety Glasses                                                                                                                                                                                                                            | <input type="checkbox"/> Fall Arrest Harness       | <input type="checkbox"/> Arc-Flash Clothing         |  |
| <input type="checkbox"/> Welding Glasses                                                                                                                                                                                                                           | <input type="checkbox"/> Personal Flotation Device | <input type="checkbox"/> Welding Leathers           |  |
| <input type="checkbox"/>                                                                                                                                                                                                                                           | <input type="checkbox"/>                           | <input type="checkbox"/>                            |  |
| <input type="checkbox"/>                                                                                                                                                                                                                                           | <input type="checkbox"/>                           | <input type="checkbox"/>                            |  |
| Protective Measures & Hazard Controls                                                                                                                                                                                                                              |                                                    |                                                     |  |
| 8. Contingencies & Special Circumstances                                                                                                                                                                                                                           |                                                    |                                                     |  |
| <input type="checkbox"/> Fire Extinguisher                                                                                                                                                                                                                         | <input type="checkbox"/> Air Monitoring            | <input type="checkbox"/> Temporary Lighting         |  |
| <input type="checkbox"/> Eyewash                                                                                                                                                                                                                                   | <input type="checkbox"/> Temporary Ventilation     | <input type="checkbox"/> Portable Generator         |  |
| <input type="checkbox"/> Safety Shower                                                                                                                                                                                                                             | <input type="checkbox"/> Absorbent Diapers/Booms   | <input type="checkbox"/> Temporary Pumps            |  |
| <input type="checkbox"/> First Aid Kit                                                                                                                                                                                                                             | <input type="checkbox"/> Radio Communication       | <input type="checkbox"/> Safety Block/Support Strut |  |
| <input type="checkbox"/> Spill Response Kit                                                                                                                                                                                                                        | <input type="checkbox"/> Fire Watch                | <input type="checkbox"/> Wheel Chock                |  |
| <input type="checkbox"/>                                                                                                                                                                                                                                           | <input type="checkbox"/>                           | <input type="checkbox"/>                            |  |
| Other Protective Measures & Controls:                                                                                                                                                                                                                              |                                                    |                                                     |  |
|                                                                                                                                                                                                                                                                    |                                                    |                                                     |  |