

WORKPLACE HAZARD ASSESSMENT

Location:

Task:

Performed by:

Date:

This form may be used as an aid in performing hazard assessment.
Review listed hazard classifications, identify all hazards, possible hazards and their sources.
Hazard classification listing is not intended to be complete but is provided as a guide in the assessment.

<p>1. <u>IMPACT HAZARD</u></p> <p><input type="checkbox"/> DOES NOT EXIST</p> <p><input type="checkbox"/> DOES EXIST</p> <p>SOURCE OF HAZARD</p> <p><input type="checkbox"/> Chipping <input type="checkbox"/> Grinding <input type="checkbox"/> Sawing <input type="checkbox"/> Drilling</p> <p><input type="checkbox"/> Sanding <input type="checkbox"/> Riveting <input type="checkbox"/> Flying Particles</p> <p><input type="checkbox"/> Vibration <input type="checkbox"/> Propelled Devices <input type="checkbox"/> Chiseling</p> <p><input type="checkbox"/> Falling/Dropped Objects</p> <p><input type="checkbox"/> Moving equipment with stationary object</p> <p><input type="checkbox"/> Other _____.</p> <p>Body Part Affected</p> <p><input type="checkbox"/> Head <input type="checkbox"/> Face/Eyes <input type="checkbox"/> Hands</p> <p><input type="checkbox"/> Foot <input type="checkbox"/> Body</p>	<p>2. <u>CHEMICAL HAZARD</u></p> <p><input type="checkbox"/> DOES NOT EXIST</p> <p><input type="checkbox"/> DOES EXIST</p> <p>SOURCE OF HAZARD</p> <p><input type="checkbox"/> Splash/Contact <input type="checkbox"/> Irritating Mist</p> <p><input type="checkbox"/> Thermal <input type="checkbox"/> Other _____.</p> <p><input type="checkbox"/> Acid/Caustic <input type="checkbox"/> Solvent</p> <p><input type="checkbox"/> Oil/Fuel</p> <p>Body Part Affected</p> <p><input type="checkbox"/> Head <input type="checkbox"/> Face/Eyes <input type="checkbox"/> Hands</p> <p><input type="checkbox"/> Foot <input type="checkbox"/> Body</p>	<p>3. <u>DUST HAZARD</u></p> <p><input type="checkbox"/> DOES NOT EXIST</p> <p><input type="checkbox"/> DOES EXIST</p> <p>SOURCE OF HAZARD</p> <p><input type="checkbox"/> Buffing <input type="checkbox"/> Sandblasting</p> <p><input type="checkbox"/> Grinding</p> <p><input type="checkbox"/> Other _____.</p> <p>Body Part Affected</p> <p><input type="checkbox"/> Head <input type="checkbox"/> Face/Eyes <input type="checkbox"/> Hands</p> <p><input type="checkbox"/> Foot <input type="checkbox"/> Body</p>
<p>4. <u>PENETRATION HAZARD</u></p> <p><input type="checkbox"/> DOES NOT EXIST</p> <p><input type="checkbox"/> DOES EXIST</p> <p>SOURCE OF HAZARD</p> <p><input type="checkbox"/> Sharp Objects <input type="checkbox"/> Metal Shavings</p> <p><input type="checkbox"/> Propelled Devices <input type="checkbox"/> Grinding</p> <p><input type="checkbox"/> Other _____.</p> <p>Body Part Affected</p> <p><input type="checkbox"/> Head <input type="checkbox"/> Face/Eyes <input type="checkbox"/> Hands</p> <p><input type="checkbox"/> Foot <input type="checkbox"/> Body</p>	<p>5. <u>COMPRESSION HAZARD</u></p> <p><input type="checkbox"/> DOES NOT EXIST</p> <p><input type="checkbox"/> DOES EXIST</p> <p>SOURCE OF HAZARD</p> <p><input type="checkbox"/> Heavy Pipes <input type="checkbox"/> Gas Cylinders</p> <p><input type="checkbox"/> Hydraulic Presses <input type="checkbox"/> Drums</p> <p><input type="checkbox"/> Tow Motors <input type="checkbox"/> Other _____.</p> <p>Body Part Affected</p> <p><input type="checkbox"/> Head <input type="checkbox"/> Face/Eyes <input type="checkbox"/> Hands</p> <p><input type="checkbox"/> Foot <input type="checkbox"/> Body</p>	<p>6. <u>ELECTRICAL HAZARD</u></p> <p><input type="checkbox"/> DOES NOT EXIST</p> <p><input type="checkbox"/> DOES EXIST</p> <p>SOURCE OF HAZARD</p> <p><input type="checkbox"/> Energized Switch Gear/Equipment</p> <p><input type="checkbox"/> Energized Lines</p> <p><input type="checkbox"/> Other _____.</p> <p>Body Part Affected</p> <p><input type="checkbox"/> Head <input type="checkbox"/> Face/Eyes <input type="checkbox"/> Hands</p> <p><input type="checkbox"/> Foot <input type="checkbox"/> Body</p>
<p>7. <u>THERMAL HAZARD</u></p> <p><input type="checkbox"/> DOES NOT EXIST</p> <p><input type="checkbox"/> DOES EXIST</p> <p>SOURCE OF HAZARD</p> <p><input type="checkbox"/> Welding <input type="checkbox"/> Brazing <input type="checkbox"/> Furnace Operation</p> <p><input type="checkbox"/> Flame <input type="checkbox"/> Steam <input type="checkbox"/> Chemical <input type="checkbox"/> Extreme Weather</p> <p>Body Part Affected</p> <p><input type="checkbox"/> Head <input type="checkbox"/> Face/Eyes <input type="checkbox"/> Hands</p> <p><input type="checkbox"/> Foot <input type="checkbox"/> Body</p>	<p>8. <u>LIGHT/NON-IONIZING RADIATION HAZARD</u></p> <p><input type="checkbox"/> DOES NOT EXIST</p> <p><input type="checkbox"/> DOES EXIST</p> <p>SOURCE OF HAZARD</p> <p><input type="checkbox"/> Heat Treating <input type="checkbox"/> Brazing</p> <p><input type="checkbox"/> Welding <input type="checkbox"/> Oxygen Cutting</p> <p><input type="checkbox"/> Laser</p> <p><input type="checkbox"/> High Intensity Lighting</p> <p>Body Part Affected</p> <p><input type="checkbox"/> Head <input type="checkbox"/> Face/Eyes <input type="checkbox"/> Hands</p> <p><input type="checkbox"/> Foot <input type="checkbox"/> Body</p>	