

Faculty Supervisor: _____ Title: _____

Date: _____

Safety & Health Hazard Checklist

Increasing Probability of Adverse Outcome ⇌

	A	B	C	D	E
Consequence	Unlikely	Seldom	Occasional	Likely	Frequent
No Injury	I	I	I	I	I
Slight Injury	I	I	I	I	I
Moderate Injury	I	I	I	II	II
Serious Injury	I	II	II	II	III
1 - 3 deaths	II	II	III	III	III
Many Deaths	III	III	III	III	III

- Steps:
1. Identify applicable work descriptions in 1st column
 2. Identify applicable hazards in 2nd column
 3. Use matrix to the left to determine a risk level (I,II, III) for hazards
 4. Identify how hazards will be controlled

Increasing Risk ⇌

I	I	II	III
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Work involves:	Hazards	Risk Level	Control Measures
<input type="checkbox"/> Chemical substances are used / created: <ul style="list-style-type: none"> <input type="checkbox"/> Gas/vapor/fume <input type="checkbox"/> Liquid <input type="checkbox"/> Solid 	<input type="checkbox"/> Fire hazard <input type="checkbox"/> Explosion hazard <input type="checkbox"/> Exposure hazard <input type="checkbox"/> Pressure hazard <input type="checkbox"/> Other: _____		
<input type="checkbox"/> Machines are used: <i>(Identify energy sources →)</i> <ul style="list-style-type: none"> <input type="checkbox"/> Electric <input type="checkbox"/> Hydraulic <input type="checkbox"/> Pneumatic <input type="checkbox"/> Springs <input type="checkbox"/> Other: _____ 	<input type="checkbox"/> Cutting hazard <input type="checkbox"/> Crushing hazard <input type="checkbox"/> Entanglement hazard <input type="checkbox"/> Other: _____		
<input type="checkbox"/> Elevated level of <u>non-ionizing radiation</u> is present <ul style="list-style-type: none"> <input type="checkbox"/> Noise <input type="checkbox"/> Laser(s) <input type="checkbox"/> Microwave/radio <input type="checkbox"/> Infrared <input type="checkbox"/> Ultraviolet 	<input type="checkbox"/> Exposure <input type="checkbox"/> Other: _____		
<input type="checkbox"/> Elevated level of <u>ionizing radiation</u> is present	<input type="checkbox"/> Exposure <input type="checkbox"/> Other: _____		
<input type="checkbox"/> Work with tissue, blood, or other tissue	<input type="checkbox"/> Exposure		
<input type="checkbox"/> Work with infectious organisms	<input type="checkbox"/> Exposure		
<input type="checkbox"/> Temperature Extremes <ul style="list-style-type: none"> <input type="checkbox"/> Outdoor Environment <input type="checkbox"/> Indoor Environment 	<input type="checkbox"/> Elevated temperature <input type="checkbox"/> Low temperature		
<input type="checkbox"/> Increased danger of falling <ul style="list-style-type: none"> <input type="checkbox"/> From elevation <input type="checkbox"/> Into hazardous area 	<input type="checkbox"/> Falling <input type="checkbox"/> Dismemberment, etc.		
<input type="checkbox"/> Work on or near exposed energized parts	<input type="checkbox"/> Shock/electrocution		
<input type="checkbox"/> Repetitive task, static posture, or must exert a lot of force	<input type="checkbox"/> Sprain, strain, CTD		
<input type="checkbox"/> Other: _____	<input type="checkbox"/>		