

# UConn HEALTH

## Workplace Hazard Assessment Form for Laboratories

The Occupational Safety and Health Administration (OSHA) require that a hazard assessment be done in work areas and proper personal protective equipment be used. Use this form to help identify the Personal Protective Equipment (PPE) required within each laboratory. Check each category (A-J) that applies to your laboratory activity then check the body part(s) at risk and PPE you will use. A separate form should be filled out by the Principal Investigator or designated staff for each lab. Unless identical hazards exist in other labs, multiple forms may be used, as needed, to include all job functions within a lab. Return completed form to Environmental Health and Safety, MC1514. If you wish, you may complete this form on-line on our website <http://wp.research.uh.uconn.edu/rcs/ehs> and email electronically. You are required by OSHA to inform your staff of the PPE required as noted on this form. Consult the [UCHC Chemical Hygiene Plan](#) for specific safety information.

<b>PI:</b>		<b>Department:</b>		<b>Building:</b>	
<b>Lab/Room Numbers:</b>					

### CHECK ONLY THOSE ITEMS THAT APPLY TO YOUR WORK AREA

Type of Hazards Present (check all that apply)	Exposure Risk to	PPE Choice
<b>A. <input type="checkbox"/> IMPACT</b>  <i>flying objects, grinding, high pressure</i>	1. <input type="checkbox"/> eye/face	<input type="checkbox"/> safety glasses <input type="checkbox"/> goggles <input type="checkbox"/> face shield
	2. <input type="checkbox"/> hand	<input type="checkbox"/> work gloves <input type="checkbox"/> mesh gloves
	3. <input type="checkbox"/> head	<input type="checkbox"/> face shield <input type="checkbox"/> hard hat
	4. <input type="checkbox"/> clothing	<input type="checkbox"/> coverall <input type="checkbox"/> typical lab coat <input type="checkbox"/> other
	5. <input type="checkbox"/> foot/leg	<input type="checkbox"/> closed toe shoes <input type="checkbox"/> safety shoes <input type="checkbox"/> other
	6. <input type="checkbox"/> other	Specify:
<b>B. <input type="checkbox"/> CUTS/PENETRATION</b>  <i>cuts, punctures, needles, lacerations, high pressure systems</i>	1. <input type="checkbox"/> eye/face	<input type="checkbox"/> safety glasses <input type="checkbox"/> goggles <input type="checkbox"/> face shield
	2. <input type="checkbox"/> hand	<input type="checkbox"/> mesh gloves <input type="checkbox"/> work gloves <input type="checkbox"/> no needle reuse <input type="checkbox"/> safe capping
	3. <input type="checkbox"/> head	<input type="checkbox"/> face shield <input type="checkbox"/> hard hat
	4. <input type="checkbox"/> clothing	<input type="checkbox"/> lab coat <input type="checkbox"/> work coverall
	5. <input type="checkbox"/> foot/leg	<input type="checkbox"/> closed toe shoes <input type="checkbox"/> safety shoes <input type="checkbox"/> other
	6. <input type="checkbox"/> other	Specify:
<b>C. <input type="checkbox"/> PINCH/CRUSH/ROLL</b>  <i>moving machine parts, falling/rolling heavy equipment</i>	1. <input type="checkbox"/> eye/face	<input type="checkbox"/> hair nets <input type="checkbox"/> no loose cloths <input type="checkbox"/> guarding
	2. <input type="checkbox"/> hand	<input type="checkbox"/> work gloves <input type="checkbox"/> no loose clothes <input type="checkbox"/> guarding
	3. <input type="checkbox"/> head	<input type="checkbox"/> face shield <input type="checkbox"/> hard hat
	4. <input type="checkbox"/> clothing	<input type="checkbox"/> coverall <input type="checkbox"/> no loose clothing
	5. <input type="checkbox"/> foot/leg	<input type="checkbox"/> work boots <input type="checkbox"/> other
	6. <input type="checkbox"/> other	Specify:

<b>D. ☐ CHEMICAL</b>  <i>Flammable</i> ☐ <i>Toxic</i> ☐ <i>Corrosive</i> ☐ <i>Reactive</i> ☐ <i>Asphyxiant</i> ☐	1. ☐ eye/face	☐ safety glasses ☐ goggles ☐ face shield
	2. ☐ hand	☐ nitrile gloves ☐ butyl gloves ☐ other
	3. ☐ head	☐ face shield ☐ other
	4. ☐ clothing	☐ lab coat ☐ fire retardant lab coat ☐ coverall
	5. ☐ foot/leg	☐ closed toe shoes ☐ booties ☐ boots
	6. ☐ inhalation	☐ N-95 ☐ PAPR ☐ engineering controls, fume hood
	7. ☐ other	Specify:
<b>E. ☐ BIOLOGICAL</b>  <i>human/animal tissue, blood/body fluids, biological toxins</i>	1. ☐ eye/face	☐ safety glasses ☐ face shield ☐ face mask
	2. ☐ hand	☐ nitrile gloves ☐ other
	3. ☐ head	☐ face shield ☐ bonnet
	4. ☐ clothing	☐ lab coat ☐ coverall
	5. ☐ foot/leg	☐ closed toe shoes ☐ booties ☐ boots
	6. ☐ inhalation	☐ N-95 ☐ PAPR ☐ engineering controls, fume hood, biological safety cabinet, closed cup centrifuge
	7. ☐ other	Specify:
<b>F. ☐ THERMAL (Hot/Cold)</b>  <i>cryogenic materials, heating ovens, etc.</i>	1. ☐ eye/face	☐ face shield ☐ other
	2. ☐ hand	☐ thermo gloves
	3. ☐ head	☐ face shield
	4. ☐ clothing	☐ fire retardant ☐ coverall ☐ other
	5. ☐ foot/leg	☐ closed toe shoes ☐ coverall
	6. ☐ inhalation	☐ engineering controls
	7. ☐ other	Specify:
<b>G. ☐ ELECTRICAL</b>  <i>exposed electrical conduits, energized parts, improper grounding</i>	1. ☐ eye/face	☐ safety glasses ☐ goggles ☐ face shield
	2. ☐ hand	☐ nitrile gloves ☐ work gloves ☐ insulated gloves
	3. ☐ head	☐ face shield ☐ hard hat ☐ bonnet
	4. ☐ clothing	☐ lab coat ☐ coverall
	5. ☐ foot/leg	☐ closed toe shoes ☐ insulated boots ☐ other
	6. ☐ other	Specify:
<b>H. ☐ HARMFUL</b>  <i>sanding, soldering, dust, animal allergies/bedding</i>	1. ☐ eye/face	☐ safety glasses ☐ goggles ☐ face shield ☐ engineering controls
	2. ☐ hand	☐ insulated gloves ☐ work gloves ☐ engineering controls
	3. ☐ head	☐ engineering controls
	4. ☐ clothing	☐ engineering controls
	5. ☐ foot/leg	☐ engineering controls
	6. ☐ inhalation	☐ dust masks ☐ engineering controls ☐ other
	7. ☐ other	Specify:

<b>I. <input type="checkbox"/> LASERS/LIGHT SOURCES</b>  <i>lasers, UV, welding</i>	1. <input type="checkbox"/> eye/face	<input type="checkbox"/> wavelength selected glasses/goggles <input type="checkbox"/> face shield/helmet
	2. <input type="checkbox"/> hand	<input type="checkbox"/> work gloves <input type="checkbox"/> containment of light source
	3. <input type="checkbox"/> clothing	<input type="checkbox"/> lab coat <input type="checkbox"/> fire retardant, coverall
	4. <input type="checkbox"/> inhalation	<input type="checkbox"/> engineering controls <input type="checkbox"/> respirator
	5. <input type="checkbox"/> other	Specify:
<b>J. <input type="checkbox"/> NOISE</b>	1. <input type="checkbox"/> head (ears)	<input type="checkbox"/> hearing protection <input type="checkbox"/> engineering controls <input type="checkbox"/> noise survey
	2. <input type="checkbox"/> other	Specify:

<b>Assessment Completed by</b>		<b>Title</b>		<b>Phone</b>	
<b>Reviewed by Environmental Health and Safety</b>				<b>Date</b>	