



Workplace Hazard Assessment Form for Laboratories

Use this form to help identify the Personal Protective Equipment (PPE) required within each laboratory. A separate form should be filled out by the Principal Investigator or designated staff for each lab. Multiple forms may be used, as needed, to include all job functions within a lab. Use the attached [instructions](#) to help complete the form. **Note: Unit Managers may not permit students to Work Alone as defined in the [UConn Working Alone policy](#).*

Principal Investigator:	Department:
Building:	Lab Room Number:
Lab Functions/Activities:	

Type of Hazards Present (check all that apply)	Describe Hazards	Personal Protective Equipment (check all applicable and describe the specific PPE required e.g., splash goggles, face shields, nitrile gloves, etc.)
<input type="checkbox"/> Impact (e.g. flying objects, sand, dirt, dust, particulate, etc.)	 Do hazards prohibit working alone ? Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Eye/face <input type="checkbox"/> Hand <input type="checkbox"/> Head <input type="checkbox"/> Clothing <input type="checkbox"/> Foot/leg <input type="checkbox"/> Other
<input type="checkbox"/> Cuts/Penetration (e.g. cuts, punctures, lacerations, etc.)	 Do hazards prohibit working alone ? Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Eye/face <input type="checkbox"/> Hand <input type="checkbox"/> Head <input type="checkbox"/> Clothing <input type="checkbox"/> Foot/leg <input type="checkbox"/> Other
<input type="checkbox"/> Pinch/Crush/Roll Over (e.g., moving machine parts, falling/rolling heavy equipment, etc.)	 Do hazards prohibit working alone ? Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Eye/face <input type="checkbox"/> Hand <input type="checkbox"/> Head <input type="checkbox"/> Clothing <input type="checkbox"/> Foot/leg <input type="checkbox"/> Other
<input type="checkbox"/> Chemical (e.g. pouring, mixing, splash hazards, washing/cleaning, etc.) <input type="checkbox"/> Flammable <input type="checkbox"/> Reactive <input type="checkbox"/> Toxic <input type="checkbox"/> Asphyxiant <input type="checkbox"/> Corrosive <input type="checkbox"/> Other	 Do hazards prohibit working alone ? Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Eye/face <input type="checkbox"/> Hand <input type="checkbox"/> Head <input type="checkbox"/> Clothing <input type="checkbox"/> Foot/leg <input type="checkbox"/> Other (e.g., Respiratory- Contact EH&S for direction)

<input type="checkbox"/> Biological (e.g. infectious materials, human or animal tissue, blood or body fluids, biological toxins, etc.) Refer to BAUR and/or PPE discussed during BioSafety audit or the PPE listed in your MUA to complete this section		<input type="checkbox"/> Eye/face <input type="checkbox"/> Hand <input type="checkbox"/> Head <input type="checkbox"/> Clothing <input type="checkbox"/> Foot/leg <input type="checkbox"/> Other
	Do hazards prohibit <u>working alone</u> ? Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Eye/face <input type="checkbox"/> Hand <input type="checkbox"/> Head <input type="checkbox"/> Clothing <input type="checkbox"/> Foot/leg <input type="checkbox"/> Other
<input type="checkbox"/> Thermal (Hot/Cold) (e.g. torching, hot sparks, working with cryogenic gases, etc.)		<input type="checkbox"/> Eye/face <input type="checkbox"/> Hand <input type="checkbox"/> Head <input type="checkbox"/> Clothing <input type="checkbox"/> Foot/leg <input type="checkbox"/> Other
	Do hazards prohibit <u>working alone</u> ? Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Eye/face <input type="checkbox"/> Hand <input type="checkbox"/> Head <input type="checkbox"/> Clothing <input type="checkbox"/> Foot/leg <input type="checkbox"/> Other (e.g., Hearing- Contact EH&S for direction)
<input type="checkbox"/> Electrical (e.g. exposed electrical conductors, energized parts, electrical switch gear, etc.)		<input type="checkbox"/> Eye/face <input type="checkbox"/> Hand <input type="checkbox"/> Head <input type="checkbox"/> Clothing <input type="checkbox"/> Foot/leg <input type="checkbox"/> Other (e.g., Hearing- Contact EH&S for direction)
	Do hazards prohibit <u>working alone</u> ? Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Eye/face <input type="checkbox"/> Hand <input type="checkbox"/> Head <input type="checkbox"/> Clothing <input type="checkbox"/> Foot/leg <input type="checkbox"/> Respiratory (Contact EH&S for direction)
<input type="checkbox"/> Harmful Dust/Mists/Fumes/Vapor (e.g., grinding, drilling, sanding, welding, soldering, working with silica dust, animal bedding, allergens, nanomaterials, etc.)		<input type="checkbox"/> Eye/face <input type="checkbox"/> Hand <input type="checkbox"/> Head <input type="checkbox"/> Clothing <input type="checkbox"/> Foot/leg <input type="checkbox"/> Respiratory (Contact EH&S for direction)
	Do hazards prohibit <u>working alone</u> ? Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Other
<input type="checkbox"/> Light (Optical) Radiation (e.g. laser, UV light, welding, etc.)		<input type="checkbox"/> Eye/face <input type="checkbox"/> Other
	Do hazards prohibit <u>working alone</u> ? Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Other
<input type="checkbox"/> Ionizing Radiation (e.g., radioisotopes, X-rays, etc.)		<input type="checkbox"/> Eye/face <input type="checkbox"/> Hand <input type="checkbox"/> Head <input type="checkbox"/> Clothing <input type="checkbox"/> Foot/leg <input type="checkbox"/> Other
	Do hazards prohibit <u>working alone</u> ? Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Other
<input type="checkbox"/> Noise (e.g. continuous noise, impact noise, intermittent noise, etc.)		<input type="checkbox"/> Hearing (Contact EHS for direction)
	Do hazards prohibit <u>working alone</u> ? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Assessment Completed By:	Title:	Unit:	Phone:
Signature:	Date:	Email:	

Return completed forms to the Department of Environmental Health and Safety via email ehs@uconn.edu , FAX 6-1106, or Unit 4097. Retain a copy in each work location.