UCONN

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 <u>instructions</u> 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 Number:
Lab Functions/Activities:	

Type of Hazards Present	Describe Hazards	Personal Protective Equipment *ej gen"cm"cr r necdng"cpf "f guetkdg"vj g"		
*ej gen'cm'y cv'cr r n{+"		ur gekhe "RRG"tgs witgf "g0 0"ur ncuj "i qi i ngu. "hceg"uj lgnf u. "plst kng"i nqxgu "gveO+		
Impact"*g0 0hn{ kpi "qdlgevu."ucpf."		G{glneg""" " " " "		
f ktv."f wuv."r ct vke wnc vg. "gve0+"				
] 'J gcf '''''''''''''''''''''''''''''''''''		
		''Enqyi kpi ''''' '''''''		
		''Hqqvhrgi '''''' '' '' ''		
	Fq"jc∣ctfu"rtqjkdkv" <u>working alone</u> A [gu"└──""Pq □	□ 'Qy gt''''''''''''''''''''''''''''''''''''		
Cuts/Penetration "*g0 0'eww."		□'G{glkeg'''' '' '' '' ''		
r wpewstgu."ncegtcvkqpu."gve0+"""		''J cpf '''''''''''''''''''''''''''''''''''		
	Fall al atfultition dance [m'] "Da			
	Fq"jc ctfu"rtqjkdkv" <u>working alone</u> A [gu" ""Pq			
Pinch/Crush/Roll Over *g0 0"		[]'G{glhceg''''''''''''		
o qxkpi "o cej kpg"r ctvu. "hcmkpi ltqmkpi " j gcx{"gs wkr o gpv."gve0+"""		J cpf J gcf		
J BOX (BS WE O BP & B WOI				
		''Hqqvhgi ''''''''''''		
	Fq'jc ctfu'rtqjkdkv' <u>working alone</u> A [gu' []'''''Pq	Q y gt		
Chemical *g0 0r qwtkpi ."o kzkpi ."		[]'G{glkeg'''''''''		
ur ncuj "j c ctf u."y cuj kpi kengcpkpi ."gve0+"		' 'J cpf '''''''		
Flammable Reactive		□'J gcf """"""		
		□''Enqyi kpi ''''' '' '''''		
Toxic Asphyxiant	"	'Hqqvhgi """" " " "		
Corrosive Other	Fq"jc∣ctfu"rtqjkdkv" <u>working alone</u> A [gu"⊡""Pq⊡	□ 'Qy gt ''*g0 0'Tgur kt cvqt {/'Eqpvcev'GJ (Uhqt'f ktgevkqp+''''''''''''''''''''''''''''''''''''		

"Dialogical *al (Inhastrum"a aution		
j wo cp"qt"cpko cn'kuwg."dnqqf "qt"dqf {"		U 'J cpf '''''''''''''''''''''''''''''''''''
hnvkf u. "dkqnqi kecn"vqzkpu. "gve0+"		
"		''Enqyi kpi '''' '' '' '' ''
	"	□ "Hqqvhrgi """ " " " "
	Fq'jc ctfu'rtqjkdkv' <u>working alone</u> A [gu'] ''''Pq	□ "Qy gt """"" " " "
Thermal (Hot/Cold) *g0 0vqtej kpi ."		G{glreg''''' '''''''
j qv'ur ctmu. 'y qtmkpi 'y ky 'et {qi gpke''		''J cpf '''''''''''''''''''''''''''''''''''
i cugu."gve0#"		
"		''Emjý kpi '''''''''''''''''''''''''''''''''''
"		
	Fq"jc ctfu"rtqjkdkv" <u>working alone</u> A [gu" [""Pq	<u></u> 'Qyj gt
"Electrical *g0 0'gzr qugf "gngevt lecn"		[]'G{glkeg'''' '' '' ''
eqpf wevqtu."gpgti k gf "r ctvu."grgevtkecn"		''J cpf '''''''''''''''''''''''''''''''''''
uy kwej 'i gct."gve0+"		''J gcf """""""""
"		□"Enqý kpi """ " " " "
"	"	''Hqqvhgi '''''' '' '' ''
"	Fq'jc ctfu'rtqjkdkv' <u>working alone</u> A[gu'⊡''''Pq□	□ "Qy gt "*g0 0"J gctkpi / "Eqp vcev"GJ (Uhqt "fktgevkqp+""""""""""""""""""""""""""""""""""""
Harmful		"G{gltceg""" " " " "
Dust/Mists/Fumes/Vapors'"		" J cpf "" " " " " "
*g0 0'i tkpf kpi.'f tkmkpi."ucpf kpi."		
y gnf kpi. "uqnf gt kpi. "y qt mkpi "y ky "uknkec"		
f wuv."cpko cn'dgf f kpi ."cmgti gpu."		
pcpqo cvgtkcni."gveO+"	"	☐ 'Tgur kt cvqt { '*Eqp xev'GJ (Uhqt'f kgevkqp+""""""""
"	Fq"jc∣ctfu"rtqjkdkv" <u>working alone</u> A [gu"□""Pq□	
Light (Optical) Radiation'*g0 0'		□'G{glreg'''''''''
ncugt."WX"hki j v."y grf kpi ."gve0+"	"	<u></u> V y g t V y y t V y y y t V y y y t V y y y y y y y y y y
J J B I B	Fq"jc ctfu"rtqjkdkv" <i>working alone</i> A [gu"]""Pq	
Ionizing Radiation *g0 0"		☐ 'G{glreg'''' " " " "
tcfkqkuqvqrgu."Z/tc{u."gve0+"		□"J cpf """"""""""
"		" J gcf """
		□"Enqý kpi """""""
		''Hqqvhgi '''''' '' '' ''
	Fq'jc ctfu'rtqjkdkv' <u>working alone</u> A [gu' ''''Pq	<u> </u>
'Noise *g0 0'eqpvkpwqwu''pqkug.''		☐ "J gctkpi " ^s Eqpycev'GJ Uhqt"fkgevkqp+"" " " " "
kor cevipqkug. "kpygto kwgpvipqkug. "gye0+"	"	
	Fq"jc∣ctfu"rtqjkdkv" <u>working alone</u> A[gu"□""Pq□	

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.