



Workplace Hazard Assessment Form

Use this form to help identify the Personal Protective Equipment (PPE) required within each work location. Multiple forms may be used, as needed, to include all work areas or job functions within a Department. 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](#).*

Department:	Section/Shop:
Work Location(s):	
Job 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, hard hat, etc.)
Impact (e.g. falling or flying objects, airborne particulate, struck by or against)		<input type="checkbox"/> Eye/face <input type="checkbox"/> Hand <input type="checkbox"/> Head <input type="checkbox"/> Clothing <input type="checkbox"/> Foot/leg
	Do hazards prohibit <u>working alone</u> ? Yes No	<input type="checkbox"/> Other
Cuts/Penetration (e.g. cuts, punctures, lacerations, etc.)		<input type="checkbox"/> Eye/face <input type="checkbox"/> Hand <input type="checkbox"/> Head <input type="checkbox"/> Clothing <input type="checkbox"/> Foot/leg
	Do hazards prohibit <u>working alone</u> ? Yes No	<input type="checkbox"/> Other
Pinch/Crush/Roll Over (e.g. moving machine parts, falling/rolling heavy equipment, etc.)		<input type="checkbox"/> Eye/face <input type="checkbox"/> Hand <input type="checkbox"/> Head <input type="checkbox"/> Clothing <input type="checkbox"/> Foot/leg
	Do hazards prohibit <u>working alone</u> ? Yes No	<input type="checkbox"/> Other
Chemical (e.g. cleaners, disinfectants, degreasers, paints, solvents, adhesives, sealants, compressed gases, powders, etc.)		<input type="checkbox"/> Eye/face <input type="checkbox"/> Hand <input type="checkbox"/> Head <input type="checkbox"/> Clothing <input type="checkbox"/> Foot/leg
	Do hazards prohibit <u>working alone</u> ? Yes No	<input type="checkbox"/> Other (e.g., Respiratory- Contact EHS for direction)
Biological (e.g. infectious materials, human or animal tissue, blood or body fluids, biological toxins, etc.)		<input type="checkbox"/> Eye/face <input type="checkbox"/> Hand <input type="checkbox"/> Head <input type="checkbox"/> Clothing <input type="checkbox"/> Foot/leg
	Do hazards prohibit <u>working alone</u> ? Yes No	<input type="checkbox"/> Other (e.g., Respiratory- Contact EHS for direction)

Thermal (Hot/Cold) (e.g. torching, hot sparks, welding, works on/with steam systems, working with cryogenic gases, etc.)		Eye/face
		Hand
		Head
		Clothing
		Foot/leg
	Do hazards prohibit <u>working alone</u> ? Yes No	Other
Electrical (e.g. exposed electrical conductors, energized parts, electrical switch gear, etc.)		Eye/face
		Hand
		Head
		Clothing
		Foot/leg
	Do hazards prohibit <u>working alone</u> ? Yes No	Other (e.g., Hearing- Contact EHS for direction)
Harmful Dust/Mists/Fumes/Vapor (e.g., grinding, drilling, sanding, welding, brazing, soldering, working with silica dust, nanomaterials, animal bedding, allergens, lead paint or other regulated building materials, etc.)		Eye/face
		Hand
		Head
		Clothing
		Foot/leg
		Respiratory (Contact EHS for direction)
	Do hazards prohibit <u>working alone</u> ? Yes No	Other
Light (Optical) Radiation (e.g. laser, UV light, optical, welding/brazing, etc)		Eye/face
	Do hazards prohibit <u>working alone</u> ? Yes No	Other
Ionizing Radiation (e.g., X-rays, radioisotopes, etc.)		Eye/face
		Hand
		Head
		Clothing
		Foot/leg
	Do hazards prohibit <u>working alone</u> ? Yes No	Other
Noise (e.g. continuous noise, impact noise, intermittent noise, etc.)		Hearing (Contact EHS for direction)
	Do hazards prohibit <u>working alone</u> ? Yes No	
Other (e.g. slippery walking surfaces, working from heights, vibration, water hazards, work zone safety etc.)		Eye/face
		Hand
		Head
		Clothing
		Foot/leg
	Do hazards prohibit <u>working alone</u> ? Yes No	Other
NONE (check if no apparent hazards exist)		

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

Return completed forms to the Department of Environmental Health and Safety via email

FAX 6-1106, or Unit 4097. Retain a copy in each work location.