

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.)
<input type="checkbox"/> Impact (e.g. falling or flying objects, sand, dirt, dust, particulate, 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 working alone ? Yes <input type="checkbox"/> No <input type="checkbox"/>	
<input type="checkbox"/> 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 <input type="checkbox"/> Other
	Do hazards prohibit working alone ? Yes <input type="checkbox"/> No <input type="checkbox"/>	
<input type="checkbox"/> 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 <input type="checkbox"/> Other
	Do hazards prohibit working alone ? Yes <input type="checkbox"/> No <input type="checkbox"/>	
<input type="checkbox"/> Chemical (e.g. pouring, mixing, splash hazards, washing/cleaning, 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., Respiratory- Contact EH&S for direction)
	Do hazards prohibit working alone ? Yes <input type="checkbox"/> No <input type="checkbox"/>	
<input type="checkbox"/> 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 <input type="checkbox"/> Other
	Do hazards prohibit working alone ? Yes <input type="checkbox"/> No <input type="checkbox"/>	

<input type="checkbox"/> Thermal (Hot/Cold) (e.g. torching, hot sparks, welding, working on steam systems, 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 working alone ? Yes <input type="checkbox"/> No <input type="checkbox"/>	
<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 working alone ? Yes <input type="checkbox"/> No <input type="checkbox"/>	
<input type="checkbox"/> Harmful Dust/Mists/Fumes/Vapors (e.g., grinding, drilling, sanding, welding, brazing, soldering, working with silica dust, nanomaterials, animal bedding, allergens, 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 working alone ? Yes <input type="checkbox"/> No <input type="checkbox"/>	
<input type="checkbox"/> Light (Optical) Radiation (e.g. laser, UV, optical, etc.)		<input type="checkbox"/> Eye/face <input type="checkbox"/> Other
	Do hazards prohibit working alone ? Yes <input type="checkbox"/> No <input type="checkbox"/>	
<input type="checkbox"/> Ionizing Radiation (e.g., X-rays, radioisotopes, 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 working alone ? Yes <input type="checkbox"/> No <input type="checkbox"/>	
<input type="checkbox"/> Noise (e.g. continuous noise, impact noise, intermittent noise, etc.)		<input type="checkbox"/> Hearing (Contact EHS for direction)
	Do hazards prohibit working alone ? Yes <input type="checkbox"/> No <input type="checkbox"/>	
<input type="checkbox"/> Other (e.g. slippery walking surfaces, working from heights, vibration, 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 working alone ? Yes <input type="checkbox"/> No <input type="checkbox"/>	
<input type="checkbox"/> NONE (check if no apparent hazards exist)		

Assessment Completed By:		Title:	Unit:	Phone:
Signature:		Date:	E-mail:	

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