| **Section 1** | **Hazard Assessment** | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Instructions:**   * To be completed by the designated person; a competent person, department supervisor, lab safety coordinator, biosafety officer, Principal Investigator (PI), Biosafety Office, and/or Occupational Health and Safety Office. * Scheduling an assessment must go through department manager(s) and/or supervisor(s). Individuals or groups that will be observed should be notified prior to beginning the assessment. Work and tasks under observation should be conducted by employee(s) as usually performed and as trained. The assessment will determine if the use of personal protective equipment (PPE) should be implemented or modified. * Perform a walkthrough of the work area. Observe the tasks or job performed. Identify hazards that the employee may be exposed to while in the work area or performing work activities. * Describe the hazards observed. Indicate if the hazard can be eliminated or if engineering or administrative controls can be implemented to protect employees before implanting the use of PPE. Determine the PPE type that will be the most protective. * Determine training requirements needed prior to use of PPE. * Complete Section 1, Section 2a or 2b and applicable sections. If yes is selected anywhere in Section 2a or 2b, Section 3 needs to be completed and applicable forms. * Include and submit to department manager(s), Occupational Health and Safety Office [ohso@uvm.edu](mailto:ohso@uvm.edu), and all other required entities. | | | | | | | | | |
| **Job Activity** | | | **Job Description** | | | | | | |
| Click or tap here to enter text. | | | Click or tap here to enter text. | | | | | | |
| **UVM Department** | | | **UVM Building** | | | | | **Specific Location (if** **applicable)** | |
| Click or tap here to enter text. | | | Click or tap here to enter text. | | | | | Click or tap here to enter text. | |
| **Assessment Type** | | | | | | | | | |
| Initial Assessment | | | Re-Assessment - Date of Initial: Click or tap to enter a date. | | | | | | |
| New Equipment or Processes | | | Accident or Injury | | Other (*specify)*: Click or tap here to enter text. | |
| Safety Data Sheet(s) (SDS) Available | | Standard Operating Procedure(s) Available | | | Other (*specify)*: Click or tap here to enter text. | | | | Other (*specify)*: Click or tap here to enter text. |
| **Comments:**  Click or tap here to enter text. | | | | | | | | | |
| **Completed Forms Included in Submittal** | | | | | | | | | |
| Section 1 - Verifying Hazard Assessment | | | | | | | | | |
| Section 2a – Questionnaire (Laboratory, Research & Material Handling) | | | | | | | | | |
| Form 1 - Chemical Handling | | | | Form 2 - Biohazardous Agents | | | Form 3 - Radiological Agents | | |
| Form 4 - Lasers | | | | Form 5 - Nanomaterial | | | Form 6 - Physical Hazards | | |
| Section 2b – Questionnaire (Construction & Building Maintenance) | | | | | | | | | |
| Form 1 - Construction and Building Maintenance | | | | Form 2 - Roofing Work and Maintenance | | | Form 3 - Custodial Services | | |
| Form 4 - Medical and Emergency Services | | | | Form 5 - Other Services | | | - | | |
| Section 3- PPE Hazard Assessment | | | | | | | | | |
| Form 1 - Eye/Face Hazards | | | | Form 2 - Head Hazards | | | Form 3 - Foot/Leg Hazards | | |
| Form 4 - Hand/Arm Hazards | | | | Form 5 - Body Hazards | | | Form 6 - Fall Hazards | | |
| Form 7 - Noise Hazards | | | | Form 8 - Respiratory Hazards | | | - | | |
| **Individual(s) or Group Observed** | | | | | | | | | |
| Click or tap here to enter text.  Job Title | | | | Click or tap here to enter text.  Print Name | | | Click or tap here to enter text.  Email | | |
| Click or tap here to enter text.  Job Title | | | | Click or tap here to enter text.  Print Name | | | Click or tap here to enter text.  Email | | |
| **Assessment Completed By (*signature*)** | | | | | | | | | |
| Click or tap here to enter text.  Signature | | | | Click or tap here to enter text.  Print Name | | | Click or tap here to enter text.  Email | | |
| **Additional Comments:** | | | | | | | | | |
| Click or tap here to enter text. | | | | | | | | | |
| **Location Information is Saved** | | | | | | | | | |
| UVM Server | | SciShield | | | PlanOn | | | | Other (specify): Click or tap here to enter text. |
| Comments: Click or tap here to enter text. | | | | | | | | | |