| **Section 2a** | | **Hazard Assessment Questionnaire** | | | | |
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| **Form 1** | |
| **CHEMICAL HANDLING** | | |  | **N/A** | **YES** | **NO** |
| Does your employee(s) perform any of the following tasks: | | | |
| 1 | Work with solids of low or moderate toxicity. | | | | YES | NO |
| 2 | Work with small volumes (<100 ml.) of corrosive (acids or caustics) liquids or solids, or acutely toxic materials. | | | | YES | NO |
| 3 | Work with larger volumes (>100 ml.) of corrosive (acids or caustics) liquids or solids, or acutely toxic materials that may spill or splash. | | | | YES | NO |
| 4 | Work with small volumes (<100 ml.) of flammable solvents or materials. | | | | YES | NO |
| 5 | Work with larger volumes (>100 ml.) of flammable solvents or materials with a source of heat or ignition nearby. | | | | YES | NO |
| 6 | Work with chemicals of high acute toxicity (e.g., hydrogen fluoride, hydrogen cyanide). | | | | YES | NO |
| 7 | Work with particularly hazardous agent such as:  Human carcinogen, Mutagen, Antineoplastic, Reproductive toxin, or Other (*specify)*: | | | | YES | NO |
| 8 | Work with an apparatus with contents under pressure or vacuum (mm of Hg, psi, or torr) (*specify)*: | | | | YES | NO |
| 9 | Work with air or water reactive chemicals. | | | | YES | NO |
| 10 | Work with pyrophoric materials. | | | | YES | NO |
| 11 | Work with potentially explosive chemicals. | | | | YES | NO |
| 12 | Work with high temperature equipment or objects. | | | | YES | NO |
| 13 | Work with cryogenic material. | | | | YES | NO |
| 14 | Minor or small (≤ 1 Liter) spill cleanup; spill can be cleaned up with standard spill kit. | | | | YES | NO |
| 15 | Large spill cleanup: spill is too large or complex to clean up with standard spill kit. | | | | YES | NO |
| 16 | Employee exposed to hazardous material, agent, or product at or above state/federal permissible exposure limit (PEL)? | | | | YES | NO |
| 17 | List any other particularly hazardous lab task involving chemicals. | | | | YES | NO |
| 18 | Other (*specify*): | | | | YES | NO |
| **Additional Comments:** | | | | | | |
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