

DEPARTMENT OF ENTOMOLOGY
WORK AREA HAZARD EVALUATION FORM
[TO BE COMPLETED BY THE PI]
[Revised 10/02]

1. Name and title of person in charge [PI]: _____
2. Name and title of Safety Contact: _____
3. Work Area: List Building and Room #'s: _____

List names and titles of all individuals assigned to area (use back if necessary):

Name	Title
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Work Area (Please check all that apply):

Type (Please check all that apply):

- | | | |
|--|---|---|
| <input type="checkbox"/> Office (Main) | <input type="checkbox"/> Bee Biology Facility | <input type="checkbox"/> Research |
| <input type="checkbox"/> Storeroom | <input type="checkbox"/> Field Storage | <input type="checkbox"/> Radioactive RUA #: _____ |
| <input type="checkbox"/> Darkroom | <input type="checkbox"/> Laboratory | <input type="checkbox"/> Biological BUA#: _____ |
| <input type="checkbox"/> Machine Shop | <input type="checkbox"/> Pesticide Storage | <input type="checkbox"/> Carcinogen (Class C) |
| <input type="checkbox"/> Museum | <input type="checkbox"/> Field | _____ |
| <input type="checkbox"/> Animal Care | | _____ |

4. Unsafe use of the following materials may constitute a hazard to the health and safety of individuals in the area. Please check all materials that are present in your area.

- | | |
|---|--|
| A. <input type="checkbox"/> compressed gases | M. <input type="checkbox"/> infectious/biohazardous material |
| B. <input type="checkbox"/> corrosives | N. <input type="checkbox"/> flammables/explosives |
| C. <input type="checkbox"/> heavy metals | O. <input type="checkbox"/> pesticides |
| D. <input type="checkbox"/> organic solvents | P. <input type="checkbox"/> irritants/sensitizers |
| E. <input type="checkbox"/> asbestos | Q. <input type="checkbox"/> strong oxidizers |
| F. <input type="checkbox"/> toxic materials | R. <input type="checkbox"/> biological waste |
| G. <input type="checkbox"/> strong acids | S. <input type="checkbox"/> radioactive waste |
| H. <input type="checkbox"/> caustics | T. <input type="checkbox"/> chemical waste |
| I. <input type="checkbox"/> cryogenic material | U. <input type="checkbox"/> office chemicals |
| J. <input type="checkbox"/> radioisotopes | V. <input type="checkbox"/> photographic chemicals |
| K. <input type="checkbox"/> drugs & controlled substances | W. <input type="checkbox"/> sharps |
| L. <input type="checkbox"/> carcinogens/mutagens/teratogens | X. <input type="checkbox"/> other _____ |

5. Unsafe performance of the following operations may constitute a hazard to the health and safety of individuals in the area. Please check all that apply for your area.

- | | |
|---|---|
| A. <input type="checkbox"/> climbing | I. <input type="checkbox"/> ergonomic use of VDT units |
| B. <input type="checkbox"/> continuous standing | J. <input type="checkbox"/> use of radiation-producing machinery |
| C. <input type="checkbox"/> lifting (up to lb.) | K. <input type="checkbox"/> use of specialized electrical equipment |
| D. <input type="checkbox"/> bending | L. <input type="checkbox"/> working with animals |
| E. <input type="checkbox"/> pushing/pulling | M. <input type="checkbox"/> washing glassware |
| F. <input type="checkbox"/> high noise levels | N. <input type="checkbox"/> wear contacts |
| G. <input type="checkbox"/> use of sterilization equipment | O. <input type="checkbox"/> other |
| H. <input type="checkbox"/> use of shop or industrial machinery | |

6. Please list any hazards for your area which are not listed above:

7. Many hazards can be avoided by the safe use of the following equipment. Please check all equipment that is present in your area.

- | | |
|--|--|
| A. <input type="checkbox"/> apron/lab coat | G. <input type="checkbox"/> medical surveillance program |
| B. <input type="checkbox"/> goggles/face shield | H. <input type="checkbox"/> gloves |
| C. <input type="checkbox"/> hearing protection | I. <input type="checkbox"/> radiation monitoring equipment |
| D. <input type="checkbox"/> respiratory protection | J. <input type="checkbox"/> first aid kit |
| E. <input type="checkbox"/> spill cleanup (minor) | K. <input type="checkbox"/> fire extinguisher |
| F. <input type="checkbox"/> machine/equipment | L. <input type="checkbox"/> emergency eyewash/shower |

8. Please list any hazards that are specific to a single individual in your area.

9. Please list any concerns about safety:

10. Please list any suggestions that you might have that will better help us evaluate job hazards:

Signature

Date