



## Section 2 Ergonomics - (Muscular Skeletal Disorders) MSD

### Hazards

Yes No

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Does the job have repetitive motion?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Does the job have forceful exertions?<br>(i.e. heavy grip, heavy object)                          |
| <input type="checkbox"/> | <input type="checkbox"/> | Does the job have awkward postures?<br>(i.e. reaching, twisting, bending, squatting)              |
| <input type="checkbox"/> | <input type="checkbox"/> | Does the job have contact stress?<br>(i.e. pressing body against sharp edges, pressure on nerves) |
| <input type="checkbox"/> | <input type="checkbox"/> | Does the job have vibration?<br>(i.e. tools, sanders, grinders, drills, jackhammers)              |

### Recommendation For Yes Answers

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Describe the type(s) of other ergonomic hazards for this job:

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List the type(s) of Personal protective equipment required.

- |   |  |
|---|--|
| <input type="checkbox"/> Adjustable chair     | <input type="checkbox"/> Minimize Movement         |
| <input type="checkbox"/> Engineering Controls | <input type="checkbox"/> Back Supports for lifting |
| <input type="checkbox"/> Key board Wrist Rest | <input type="checkbox"/> Other _____               |

Additional comments or explanation:

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### Section 3 Situational Hazard Environments

#### Hazards

Yes No

- Are employees required to deal with potentially angry or unstable customers?
- Are employees required to daily driving beyond to and from your primary work site?
- Are employees encountering animals (wild or domestic) in the course of their duties?
- Are employees required to deal with customers with communicable diseases?
- Are employees walking in areas at risk for foot puncture, slips or falls?
- Are employees transporting, working with or carrying items of high dollar value?
- Are employees working in areas of high crime or gang activity?

#### Recommendation For Yes Answers

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Describe the situational hazard for this job environment not listed above:

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List the type(s) of protective or prevention training equipment required.

- Training in Customer Relations
- Conflict resolution training (Verbal Judo)
- Animal Attack Avoidance training
- Basic Self-defense training
- Safe Exposure practices for Bio Hazards
- Proper Footwear for field work
- Defensive Driving Course
- Safe Streets Training
- Other \_\_\_\_\_

Additional comments or explanation:

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**Section 4 Fire Hazards and Prevention**  
**29 CFR Subparts E, H, L, M, N, Q, R, S, Z**  
**29 CFR 1910.157**  
**29 CFR 1910.37, 38, 165, 1200(h)**

**Hazards**  
**Yes No**

**Recommendation For Yes Answers**

<input type="checkbox"/>	<input type="checkbox"/>	Are there less than two exit routes from the work location?	_____
<input type="checkbox"/>	<input type="checkbox"/>	Are employees unaware of at least two ways to exit from your workstation?	_____
<input type="checkbox"/>	<input type="checkbox"/>	Are employees unaware of where the nearest fire alarm pull stations are?	_____
<input type="checkbox"/>	<input type="checkbox"/>	Are employees unaware of the location of the nearest fire extinguisher?	_____
<input type="checkbox"/>	<input type="checkbox"/>	Are workstations surrounded by combustibles and a source of ignition?	_____
<input type="checkbox"/>	<input type="checkbox"/>	Are materials or machinery stacked or stored blocking sprinkler heads if installed	_____
<input type="checkbox"/>	<input type="checkbox"/>	Are any exits locked or chained while the building is occupied?	_____
<input type="checkbox"/>	<input type="checkbox"/>	Are employees unfamiliar with the use of a fire extinguisher?	_____
<input type="checkbox"/>	<input type="checkbox"/>	Are flammable liquids stored inside occupied spaces? (gas cans, snow blowers, lawn movers)	_____

Describe other fire hazards for this job not listed above:

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List the type(s) of protective or prevention training equipment required.

- |  |   |
|--|---|
| <input type="checkbox"/> Practice Fire Drill once a year     | <input type="checkbox"/> Post Fire Exit Plans/Routes        |
| <input type="checkbox"/> Identify Fire Extinguisher cabinets | <input type="checkbox"/> List Emergency Contact Information |
| <input type="checkbox"/> Fire Extinguisher Training Required | <input type="checkbox"/> Other _____                        |

Additional comments or explanation:

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**Section 5 Blood borne Pathogens**  
**29 CFR 1910.1030**

**Hazards**

**Yes No**

- Are employees exposed to blood?
- Are employees exposed to saliva, vomit, and urine?
- Are employees exposed to semen or vaginal secretions?
- Are employees exposed to skin, tissue, cell cultures?
- Are employees exposed to other body fluids?
- Are employees exposed to sharps  
(i.e. Hypodermic needles, lancets, etc.?)

**Recommendation For Yes Answers**

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Describe blood borne pathogens for this job environment not listed above:

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List the type(s) of protective or prevention training equipment required.

- Latex gloves
- Protective clothing (smocks or aprons),
- Respiratory mask
- Exposure Control Plan
- Goggles
- Glasses
- Face shield
- Hepatitis B (HBV) Vaccination
- Other\_\_\_\_\_

Additional comments or explanation

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**Section 6 Hazard Communication (Toxins)**  
**29 CFR 1910.1200**

**Hazards**

**Recommendation For Yes Answers**

**Yes No**

- |                          |                          |   |       |
|--------------------------|--------------------------|---|-------|
| <input type="checkbox"/> | <input type="checkbox"/> | Are chemicals stored at this location   | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Are employees handling chemicals at this location?  | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Are there products in the workplace for which you do not have Material Safety Data Sheets (MSDS)? | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Does the MSDS require personal protective equipment?  | _____ |

**Chemical Name** \_\_\_\_\_ **Product Name** \_\_\_\_\_

**Health Hazard**  Acute  Chronic **OSHA PEL** \_\_\_\_\_

**Has atmospheric monitoring been performed when using the chemical?**  Yes  No

**Is the permissible exposure limit exceeded?**  Yes  No

**Routes of Entry**  Eyes  Inhalation  Ingestion  Skin Absorption

**PPE Required**

- |  |                      |
|--|----------------------|
| <input type="checkbox"/> Respirator protection   | Specific Type: _____ |
| <input type="checkbox"/> Protective Gloves       | Specific Type: _____ |
| <input type="checkbox"/> Eye and Face Protection | Specific Type: _____ |
| <input type="checkbox"/> Protective Clothing     | Specific Type: _____ |

Additional comments or explanation:

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**Section 7 Electrical  
29 CFR 1910.137**

**Hazards**

**Yes No**

- Are there electrical sources at this location?
- Are non-listed assured grounding conductors equipment being used in the workplace (UL)?
- Are required ground fault circuit interrupters missing?
- Are employees ever using portable equipment that has not been inspected by a competent person?
- Are employees working with live electrical conductors, apparatus, or circuits?
- Are employees working around overhead electrical lines at this location?
- Are employees excavating near underground electrical lines at this location?

**Recommendation For Yes Answers**

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Describe the other type(s) of electrical hazards for this job:

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List the type(s) of Personal protective equipment required.

- Safety Glasses
- Goggles
- Rubber Matting
- Rubber Insulating Blankets
- Rubber Insulate Sleeves
- Rubber Insulating Hoods
- Protective Helmet Class B
- Gloves \_\_\_\_\_
- Other \_\_\_\_\_

Additional comments or explanation:

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## Section 8 Impact

### Hazards

Yes No

- Are there sources of motion that could result in collision with stationary objects?
- Are there machines or tool movements that can cause an impact hazard?
- Are materials being raised above employees' heads?
- Are materials or machinery being conveyed around employees?
- Are employees carrying objects that could be dropped and cause an impact injury?
- Are tools being used in the area that could cause an impact injury?
- Are employees chipping, chiseling, hammering, or breaking material that could cause an impact injury?

### Recommendation For Yes Answers

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Describe the type(s) of impact hazards for this job:

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List the type(s) of Personal protective equipment required.

- Safety Glasses
- Goggles
- Face Shield
- Safety Shoes/Boots
- Protective Helmet
- Other \_\_\_\_\_

Additional comments or explanation:

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## Section 9 Penetration

### Hazards

Yes No

- Are employees working with machinery that has sharp objects?
- Are employees working with razors, knives, punches or other sharp tools?
- Are materials with sharp points being used at this location?
- Are employees working with high-pressure air tools?
- Are employees working with power actuated tools?
- Are employees cutting material that will leave sharp corners or points?
- Are there materials or tools on the walking surface that could pierce an employee's foot?

### Recommendation For Yes Answers

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Describe the type(s) of penetration hazards for this job:

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List the type(s) of Personal protective equipment required.

- Cut resistance Gloves
- Protective Helmet
- Puncture Resistance Sole
- Other \_\_\_\_\_

Additional comments or explanation:

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## Section 10 Compression

### Hazards

Yes No

- Are there sources of rolling or pinching objects that could crush feet?
- Are there machines or tool movements that can cause a compression injury?
- Are there press operations at this location?
- Are there tree-cutting operations with rolling trunks or large tree limbs?
- Are employees working with large pipe that could cause compression injuries?
- Are forklifts or other material handling equipment used at this location?
- Are employees working with any material that could cause a compression injury?

### Recommendation For Yes Answers

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Describe the type(s) of compression hazards for this job:

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List the type(s) of Personal protective equipment required.

- Safety Shoes/Boots
- Protective Helmet
- Safety Glasses
- Other \_\_\_\_\_

List the type ( s) of training that will be needed:

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**Section 11 Hearing Conservation**  
**29 CFR 1910.95 (State Comm 32)**

**Hazards**

**Yes No**

- Are there work areas where you have to raise your voice to be heard all the time?  
Explain nature of the work and the noise \_\_\_\_\_  
\_\_\_\_\_
- Are there work areas where loud machinery operates?  
Explain nature of the work and the noise \_\_\_\_\_  
\_\_\_\_\_
- Are there work areas where you have frequent loud noise occurring?  
Explain nature of the work and the noise \_\_\_\_\_  
\_\_\_\_\_

A “Yes” answer to any of the above question requires additional assessment to determine the exact level of exposure in the work place. Remedies may include:

- Audiometric testing offered
- Baseline tests
- Annual testing

Check the type(s) of protective or prevention training equipment currently in use.

- Ear plugs
- Canal caps
- Earmuffs

Additional comments or explanation

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## Section 12 Thermal Protection

### Hazards

Yes No

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|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Are welding operations being performed?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Are cutting or burning operations being performed?                                 |
| <input type="checkbox"/> | <input type="checkbox"/> | Are there furnace operations at this location?                                     |
| <input type="checkbox"/> | <input type="checkbox"/> | Are employees working with hot tar or asphalt?                                     |
| <input type="checkbox"/> | <input type="checkbox"/> | Are there high temperature liquids being used?                                     |
| <input type="checkbox"/> | <input type="checkbox"/> | Are employees working with high intensity light bulbs?                             |
| <input type="checkbox"/> | <input type="checkbox"/> | Are there any materials that could burn an employee?                               |
| <input type="checkbox"/> | <input type="checkbox"/> | Are there temperatures near by that can result in a scalding burn? (110+ degrees?) |

### Recommendation For Yes Answers

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Describe the type(s) of thermal hazards for this job:

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List the type(s) of Personal protective equipment required.

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| <input type="checkbox"/> Safety Glasses      | <input type="checkbox"/> Protective Helmet  |
| <input type="checkbox"/> Goggles             | <input type="checkbox"/> Safety Shoes/Boots |
| <input type="checkbox"/> Face Shield         | <input type="checkbox"/> Gloves _____       |
| <input type="checkbox"/> Protective Clothing | <input type="checkbox"/> Other _____        |

Additional comments or explanation:

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## Section 13 Light Radiation

### Hazards

Yes No

- Are there sources of light radiation at this location?
- Are welding operations being performed?
- Are cutting or burning operations being performed?
- Are employees using lasers or high intensity lights?
- Are there heat treating operations at this location?
- Are employees exposed to excessive solar glare?

### Recommendation For Yes Answers

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Describe the type(s) of radiant hazards for this job:

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List the type(s) of Personal protective equipment required.

- Spectacles/Tinted
- Cup Goggles, Filter Lenses  
Shade
- Welding Goggle, Filter
- Welding Helmet, Filter  
Shade
- Special Purpose Lenses
- Other \_\_\_\_\_

Additional comments or explanation:

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**Section 14 Harmful Dust**

**Hazards**

**Yes No**

- Are there sources of harmful dust at this location?
- Are employees grinding or cutting concrete?
- Are work sites located outside in a dusty area?
- Are employees sanding or cutting wood?
- Are power actuated tools being used at this location?
- Are you missing a copy of the required MSDS?
- Are employees using an airline hose to clean up?
- Are preparations for painting being preformed?

**Recommendation For Yes Answers**

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Describe the type(s) of hazards for this job:

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List the type(s) of Personal protective equipment required.

- Safety Glasses
- Goggles
- Respiration Protection
- Protective Clothing
- Safety Shoes/Boots
- Other \_\_\_\_\_

Additional comments or explanation:

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**Section 15 Respirator Protection**

**29 CFR 1910.132, 134**

\*If you have any questions or concerns please review the OSHA Regulations\*

**Hazards**

**Yes No**

- Are employees in your work area wearing respirators? If yes, please explain below.
- Are employees inhaling any of the following?
  - Chemical vapors-(Examples: solvents, epoxies, VOC's, ammonia, bleach)
  - Gasses (Examples: methane, welding,)
  - Fumes (Examples: welding, exhaust,)
  - Dust (Examples grinding, sawing, drilling, silica, asbestos, and particulate)

Describe the above listed hazards not listed above:

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**WARNING: EMPLOYEES SHOULD NOT WEAR A RESPIRATOR WITHOUT A MEDICAL EXAMINATION!**

All employers that provide respirators to their employees must perform the following duties:

- Determine level of exposure
- Written operating procedures
- Proper selection of the respirator
- Training and fitting of the respirator
- Cleaning and disinfecting of the respirator
- Storage of the respirator
- Inspection and maintenance of the respirator
- Inspection and evaluation to determine effectiveness of the respirator
- Medical examinations of all employees who wear respirators

Additional comments or explanation:

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**Section 16 Lock Out / Tag Out**  
**29 CFR 1910.147**

**Hazards**

When servicing or maintaining:

**Yes No**

- Are employees exposed to hazardous energy
- Are there hazardous energies
- Unexpected start-up could occur
- Are employees are required to remove or bypass a safety device
- Are employees are required to place any part of their body in harm's way

A “Yes” answer to **any** of the above questions meets the criteria for the machinery to be lockout and tagged out while it is being serviced or maintained.

**Requirements For Lockout / Tag out Devices:**

They must be:

- Durable
- Standardized
- Substantial
- Identifiable

Additional comments or explanation:

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**Section 17 Permit Confined Space**  
**29 CFR 1910.146**

**Hazards**

**Yes No**

- Are there limited means on egress?
- Can the space be bodily entered?
- Are the spaces not designed for continuous occupancy?

If “Yes” is the answer to **all** three of the above questions please proceed to the following questions. A “No” answer to **any** of the above question means the area does not meet the requirements for a confined space.

**Hazards**

**Yes No**

- Does the space contain or have potential to contain a hazardous atmosphere?
- Does the space contain the potential for engulfment?
- Does the space contain an internal configuration that can trap or asphyxiate entrant?
- Does the space contain any other serious safety or health hazards?

A “Yes” answer to **any** of the above questions meets the criteria of **Permit Required Confined Space**

Requirements for a **Permit Required Confined Space**

- Gas Monitoring
- Hoist
- Harness
- Completed Permit
- Tri-Pod
- Written Program

Additional comments or explanation:

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