








UNC CHARLOTTE HAZARD ASSESSMENT FORM

I am reviewing (check the appropriate box):	<input type="checkbox"/> A worksite	Specify location:
	<input type="checkbox"/> A single employee's job description	Name of employee:
		Working title of position:
	<input type="checkbox"/> A job description for a class of employees	Position Number:
Working title of positions:		
		Position Number(s):

Your name:	DEPARTMENT:	Date:
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Exposed Body Part	Hazard Type(s)	Personal Protective Equipment (PPE) Required	
<input type="checkbox"/> Eye/Face 	<input type="checkbox"/> Falling/Flying Objects <input type="checkbox"/> Harmful Dusts <input type="checkbox"/> Extreme Heat/Cold (burns, frostbite) <input type="checkbox"/> Chemical (irritation, burns, exposures) <input type="checkbox"/> Optical (light) Radiation <input type="checkbox"/> Biological (exposures to mucus membranes) <input type="checkbox"/> Arc Flash	1ST Protection <input type="checkbox"/> Safety Glasses w/ side shields <input type="checkbox"/> Goggles <input type="checkbox"/> Filter Lenses - shade: ____ (2-14) <input type="checkbox"/> Laser Goggles - OD: _____ (5-8)	2ND Protection (w/ 1 ^o Protection) <input type="checkbox"/> Face Shield <input type="checkbox"/> Welding Helmet <input type="checkbox"/> Arc-Rated Face Shield <input type="checkbox"/> Arc-Rated Flash Suit Hood
<input type="checkbox"/> Hand/Arm 	<input type="checkbox"/> Chemical (irritation, burns, exposures) <input type="checkbox"/> Scrapes/Cuts/Punctures <input type="checkbox"/> Extreme Heat/Cold (burns, frostbite) <input type="checkbox"/> Electrical Shock/Arc Flash <input type="checkbox"/> Biological (exposures to damaged skin) <input type="checkbox"/> Radiological	<input type="checkbox"/> Chemical/Liquid Resistant Gloves <input type="checkbox"/> Temperature Resistant Gloves <input type="checkbox"/> Abrasion/Cut/Puncture Resistant <input type="checkbox"/> Slip Resistant Gloves <input type="checkbox"/> Non-Conductive Gloves <input type="checkbox"/> Non-Conductive Sleeves	Specify:
<input type="checkbox"/> Respiratory Tract 	<input type="checkbox"/> Chemical <input type="checkbox"/> Harmful Dusts <input type="checkbox"/> Biological <input type="checkbox"/> Radiological	Can hazard(s) be adequately controlled with engineering (providing dust collection devices) and administrative controls (altering employee work schedule)? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, Contact S&EH @ 74291 regarding Respiratory Protection Program.	

<input type="checkbox"/> Hearing 	<input type="checkbox"/> Excessive Noise (consider if you must raise voice to communicate @ 3 feet) <input type="checkbox"/> Chemical (affecting auditory nerve)	Can hazard(s) be adequately controlled with engineering and administrative controls? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, Contact S&EH @ 74291 regarding Hearing Conservation Program and specify PPE: <input type="checkbox"/> Ear Plugs type ____NRR <input type="checkbox"/> Ear Muffs type ____NRR		
<input type="checkbox"/> Head 	<input type="checkbox"/> Falling Objects <input type="checkbox"/> Electrical Shock/Arc Flash <input type="checkbox"/> Bumping Against Fixed Objects	<input type="checkbox"/> Hard Hat - <input type="checkbox"/> Bump Hat (not for falling/flying objects – not ANSI approved) <input type="checkbox"/> Fire Retardant (FR) hard hat liner		
<input type="checkbox"/> Foot/Leg 	<input type="checkbox"/> Falling/Rolling Objects <input type="checkbox"/> Punctures <input type="checkbox"/> Chemical <input type="checkbox"/> Extreme Heat/Cold (burns, frostbite) <input type="checkbox"/> Electrical Shock/Arc Flash (contact w/electrical hazards)	<input type="checkbox"/> Steel Toe Shoes <input type="checkbox"/> Leggings <input type="checkbox"/> Shoe Covers <input type="checkbox"/> Non-Conductive Safety Shoes <input type="checkbox"/> Toe/Metatarsal Guards	<input type="checkbox"/> Combo. Foot/Shin Guards <input type="checkbox"/> Heavy duty leather shoes <input type="checkbox"/> Other <u>Specify:</u>	
<input type="checkbox"/> Body 	<input type="checkbox"/> Chemical <input type="checkbox"/> Harmful Dusts <input type="checkbox"/> Extreme Heat/Cold (burns, frostbite, heat/cold stress) <input type="checkbox"/> Electrical Shock/Arc Flash <input type="checkbox"/> Radiological <input type="checkbox"/> Biological (exposures to damaged skin) <input type="checkbox"/> Falls (consider when working 4 feet above lower surface)	<input type="checkbox"/> Apron <input type="checkbox"/> Coverall <input type="checkbox"/> Vest <input type="checkbox"/> Jacket <input type="checkbox"/> Lab Coat <input type="checkbox"/> Full-Body Suit <input type="checkbox"/> Personal Fall Arrest <input type="checkbox"/> Gown <input type="checkbox"/> Other	Electrical Arc Flash Fire Retardant Clothing: <input type="checkbox"/> Category 0 <input type="checkbox"/> Category 1 <input type="checkbox"/> Category 2 <input type="checkbox"/> Category 3 <input type="checkbox"/> Category 4 Clothing description below.	<u>Specify:</u>

Category 0 – Non-melting, flammable materials (i.e., untreated cotton, wool, rayon, or silk, or blends of these materials) with a fabric weight at least 4.5oz/yd2
Category 1 – Fire Retardant (FR) shirt and FR pants or FR coverall
Category 2 – Cotton underwear – conventional short sleeve and brief/shorts, plus FR shirt and FR pants (1 or 2)
Category 3 – Cotton underwear plus FR shirt and FR pants plus FR coveralls, or cotton underwear plus two FR coveralls (2 or 3)
Category 4 – Cotton underwear plus FR shirt and FR pants plus multilayer flash suit (3 or more)

I certify that the above inspection was performed to the best of my knowledge and ability, based on the hazards present on this date.

SIGNATURE

DATE