

## Hazard Assessment Form

Department: Treatment Operations Div.		Date: 8/5/08		Completed by: Greg Kidd	
<input checked="" type="checkbox"/> A worksite or task	Specify location or task: Pretreatment program				
<input checked="" type="checkbox"/> An employees job description	Name of employee:				
	Working title of position:				
	Position Number:				
<input checked="" type="checkbox"/> The job description for a class of employees	Working title of positions: Chief of Maintenance				
	Position Number(s):				
<b>EYE/FACE HAZARDS (Appendix A).</b>					
<i>Check the box for each hazard:</i>		<i>Description of hazard(s):</i>		<i>Controls in place:</i>	
Chemical Exposure	Yes <input checked="" type="checkbox"/>	industrial wastewater discharge		<input type="checkbox"/> Work in fume hoods	<input checked="" type="checkbox"/> Safety glasses
High Heat/Cold	Yes <input type="checkbox"/>			<input type="checkbox"/> Enclosure/guarding	<input checked="" type="checkbox"/> Safety goggles
Dust or Flying Debris	Yes <input type="checkbox"/>			<input type="checkbox"/> Shielding (bystanders)	<input checked="" type="checkbox"/> Face shield
Impact	Yes <input type="checkbox"/>			<input type="checkbox"/> Safe Work Practices	<input type="checkbox"/> Welding helmet
UV Light	Yes <input type="checkbox"/>			<input type="checkbox"/> Dust collection system	<input type="checkbox"/> Cutting goggles
Radiation	Yes <input type="checkbox"/>			<input type="checkbox"/> Other:	<input type="checkbox"/> Other:
<b>HEAD HAZARDS (Appendix B).</b>					
<i>Check the box for each hazard:</i>		<i>Description of hazard(s):</i>		<i>Controls in place:</i>	
Impact	Yes <input checked="" type="checkbox"/>	processing piping		<input type="checkbox"/> Canopy	<input type="checkbox"/> Class G hard hat
Electrical Shock	Yes <input type="checkbox"/>			<input type="checkbox"/> De-energization	<input type="checkbox"/> Class E hard hat
Entanglement	Yes <input type="checkbox"/>			<input type="checkbox"/> Hair secured	<input checked="" type="checkbox"/> Class C hard hat
Other:	Yes <input type="checkbox"/>			<input type="checkbox"/> Other:	<input type="checkbox"/> Bump cap/welding cap
<b>FOOT/LEG HAZARDS (Appendix C)</b>					
<i>Check the box for each hazard:</i>		<i>Description of hazard(s):</i>		<i>Controls in place:</i>	
Chemical Exposure	Yes <input checked="" type="checkbox"/>	industrial wastewater discharge		<input type="checkbox"/> Substitution	<input checked="" type="checkbox"/> Work boots
High Heat/Cold	Yes <input type="checkbox"/>			<input type="checkbox"/> Mechanical device used	<input type="checkbox"/> Steel-toed shoes/boots
Impact/Compression	Yes <input type="checkbox"/>			<input type="checkbox"/> Housekeeping	<input checked="" type="checkbox"/> Slip-resistant shoes
Puncture	Yes <input type="checkbox"/>			<input type="checkbox"/> Isolation/grounding	<input type="checkbox"/> Puncture-resistant shoes
Explosive/Flam. atmos.	Yes <input type="checkbox"/>			<input checked="" type="checkbox"/> Safe Work Practices	<input type="checkbox"/> Non-conductive
Slippery/Wet Surfaces	Yes <input checked="" type="checkbox"/>			<input checked="" type="checkbox"/> Appropriate clothing	<input type="checkbox"/> Metatarsal protection
Electrical	Yes <input type="checkbox"/>			<input type="checkbox"/> Other:	<input type="checkbox"/> Shin guards
Other:	Yes <input type="checkbox"/>			<input type="checkbox"/> Other:	<input type="checkbox"/> Other:

**Exhibit 2**

<b>HAND/ARM HAZARDS (Appendix D)</b>				
<i>Check the box for each hazard:</i>		<i>Description of hazard(s):</i>	<i>Controls in place:</i>	<i>Identify required PPE.</i>
Chemical Exposure	Yes <input checked="" type="checkbox"/>	industrial wastewater discharge	<input type="checkbox"/> Substitution	<input checked="" type="checkbox"/> Chemical-resistant gloves
High Heat or Cold	Yes <input type="checkbox"/>		<input type="checkbox"/> De-energization	<input type="checkbox"/> Thermal-protective gloves
Cuts or Abrasion	Yes <input type="checkbox"/>		<input type="checkbox"/> Elimination	<input type="checkbox"/> Cut-resistant gloves
Puncture	Yes <input type="checkbox"/>		<input type="checkbox"/> Avoidance	<input type="checkbox"/> Leather gloves
Electrical Shock	Yes <input type="checkbox"/>		<input type="checkbox"/> Other:	<input type="checkbox"/> Voltage-rated-Class:
Radiation	Yes <input type="checkbox"/>		<input type="checkbox"/> Other:	<input checked="" type="checkbox"/> Latex/nylon exam gloves
Vibration/grip	Yes <input type="checkbox"/>		<input type="checkbox"/> Other:	<input type="checkbox"/> Anti-vibration gloves
Bloodborne Pathogens	Yes <input type="checkbox"/>			
<b>BODY/TORSO HAZARDS (Appendix F)</b>				
<i>Check the box for each hazard:</i>		<i>Description of hazard(s):</i>	<i>Controls in place:</i>	<i>Identify required PPE.</i>
Chemical Exposure	Yes <input type="checkbox"/>		<input type="checkbox"/> Reduce time exposed	<input type="checkbox"/> Lab coat
Extreme Heat/Cold	Yes <input type="checkbox"/>		<input type="checkbox"/> Guards/barriers	<input type="checkbox"/> Apron:
Radiation	Yes <input type="checkbox"/>		<input type="checkbox"/> Substitution	<input type="checkbox"/> Flame-retardant
Impact	Yes <input type="checkbox"/>		<input type="checkbox"/> De-energization	<input type="checkbox"/> Coveralls
Cut/Abrasion/Puncture	Yes <input type="checkbox"/>		<input type="checkbox"/> Mechanical devices	<input type="checkbox"/> Vest
Electrical Arc	Yes <input type="checkbox"/>		<input type="checkbox"/> Other:	<input type="checkbox"/> Tyvek suit
Pushing/pulling/lifting	Yes <input type="checkbox"/>		<input type="checkbox"/> Other:	<input type="checkbox"/> Other:
<b>FALL HAZARDS (Appendix G). Work on a surface with an unprotected side or edge that is 4 feet or more above a lower level</b>				
<i>Check the box for each hazard:</i>		<i>Description of hazard(s):</i>	<i>Controls in place:</i>	<i>Identify required PPE.</i>
Fall hazard	Yes <input checked="" type="checkbox"/>	open top spaces	<input checked="" type="checkbox"/> Guardrail <input checked="" type="checkbox"/> Safe ladder practices	<input checked="" type="checkbox"/> Full-body harness
<b>NOISE HAZARDS (Appendix G). Noise exceeding 90 dBA during an 8 hour work period</b>				
<i>Check the box for each hazard:</i>		<i>Description of hazard(s):</i>	<i>Controls in place:</i>	<i>Based upon EHSS evaluation, the following PPE is required:</i>
Noise hazard	Yes <input type="checkbox"/>		<input type="checkbox"/> Noise reduction	<input type="checkbox"/> Ear plugs
Ultrasonics	Yes <input type="checkbox"/>		<input type="checkbox"/> Reduced exposure	<input type="checkbox"/> Ear muffs
<b>RESPIRATORY HAZARDS (Appendix G) Harmful dusts, mists, fumes</b>				
<i>Check the box for each hazard:</i>		<i>Description of hazard(s):</i>	<i>Controls in place:</i>	<i>Based upon EHSS evaluation, the following PPE is required:</i>
Chemicals/pesticides	Yes <input checked="" type="checkbox"/>	industrial wastewater discharge	<input type="checkbox"/> Fume hood	<input type="checkbox"/> Half-face
Particulates	Yes <input type="checkbox"/>		<input checked="" type="checkbox"/> Local exhaust ventilation	<input type="checkbox"/> Full-face
Confined space work	Yes <input checked="" type="checkbox"/>	potensial hazardous atmospere	<input type="checkbox"/> Increase air flow	<input type="checkbox"/> Air-line/SCBA
Welding/cutting fumes	Yes <input type="checkbox"/>		<input type="checkbox"/> Filtration	<input type="checkbox"/> PAPR
Other	Yes <input type="checkbox"/>		<input checked="" type="checkbox"/> Work outside	<input type="checkbox"/> Dust mask

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

(PPE Coordinator Signature)