

Facilities Operations Potential Hazard Assessment

Log No:	Facility:
Description:	

Type	Yes	No	Action if "Yes" *	Confirmation	Comments
Asbestos**			Reqst testing by Utility Srves		
Lead			Reqst testing by Constr Srves		
Chemical			Reqst testing by Dept or EH&S		
Biological			Reqst testing by Dept or EH&S		
Radiation			Reqst testing by Dept or RSO		
PCB			Reqst testing by Dept or EH&S		
Confined Space			Reqst testing by Dept or EH&S		
Work at Elevation (Fall Protect)			Fall Protection Plan Req'd on site		
Excavation/ Trenching/ Shoring			Trench Safety Plan Req'd		
Welding/ Gas Cutting			Hot Work Permit Req'd		
Building Occupant Impact			Notification/Posting Req'd to Public		
Energy Lockout / Tagout			Posting Req'd		
Noise			Notification/Posting Req'd to Public		
Respiratory Protection			Current fit test Req'd		
UG Utility Locate			Notify locate company		
Hazardous Waste					
Release/Spill of Haz Chemicals					
Solid Waste Disposal					
Water Pollution					
Sewage Disposal					

Test requested by:	Date:
Assessment completed by:	Date:

Notes/Comments:

* If potential hazard needs extra consideration, consult with EH&S rep. Pat Cruver.

** Checking "NO" potential hazard means: "Reasonable certainty no asbestos will be disturbed." Checking "YES" potential hazard means: "A good faith inspection must be performed by a competent person."

The person requesting testing and/or completing the assessment shall be responsible for communicating the test results and appropriate safety plan to all project participants as applicable.

Confirmation Legend:

INSP: Inspection requested. Include record of good faith inspection and survey with the project records

TEST: Sampling and testing requested. Include record of test results with the project records

UNKWN: Unknown or covered potential hazard may require assessment, inspection, and/or testing during subsequent project phases

A-NR: Testing indicates that abatement is not required. Include building elements tested in good faith survey

A-R: Testing indicates that abatement is required. Determine scope and means and methods. Include in good faith survey

Good Faith Survey:	Required: yes / no	Date prepared:
L&I Submittal:	Required: yes / no	Date submitted:
Shop supervisor:	Signature:	Date: