



HAZARD ASSESSMENT SURVEY

1. The job or situation is: \_\_\_\_\_

2. Approximate duration of activity: \_\_\_\_\_

3. List of apparent hazards relating to question one:

[ ] Impact \_\_\_\_\_

[ ] Penetration \_\_\_\_\_

[ ] Compression \_\_\_\_\_

[ ] Chemical \_\_\_\_\_

[ ] Heat \_\_\_\_\_

[ ] Harmful Dust \_\_\_\_\_

[ ] Light (optical) Radiation \_\_\_\_\_

[ ] Noise Levels \_\_\_\_\_

[ ] Respiratory \_\_\_\_\_

4. PPE currently provided:

5. Additional PPE required:

6. PPE selections:

Hazard Assessment Form completed by:

\_\_\_\_\_

\_\_\_\_\_
Date of Issuance

\_\_\_\_\_
Title

cc: University Project Administrator
File 0031A