



## Extended Laboratory Access: Hazard Assessment

Use this form to identify the Personal Protective Equipment (PPE) required within each laboratory for approved extended access laboratory activities.

<b>Faculty Advisor:</b>	<b>Unit:</b>
<b>Building:</b>	<b>Lab Room Number:</b>
<b>Approved Laboratory Activities:</b>	

Type of Hazard: Check all that apply	Description	Required PPE: Check all that apply and describe (e.g., gloves, eye protection, etc.)	N/A
<input type="checkbox"/> <b>Cuts/ Penetration</b> (cuts, punctures, lacerations, etc.)	Do hazards prohibit extended access? Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Eye/Face/Head	<input type="checkbox"/>
		<input type="checkbox"/> Hands/Feet	<input type="checkbox"/>
		<input type="checkbox"/> Clothing	<input type="checkbox"/>
		<input type="checkbox"/> Other	<input type="checkbox"/>
<input type="checkbox"/> <b>Chemical</b> (pouring, mixing, splash, etc.) <input type="checkbox"/> Flammable <input type="checkbox"/> Reactive <input type="checkbox"/> Toxic <input type="checkbox"/> Asphyxiant <input type="checkbox"/> Corrosive <input type="checkbox"/> Other	Do hazards prohibit extended access? Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Eye/Face/Head	<input type="checkbox"/>
		<input type="checkbox"/> Hands/Feet	<input type="checkbox"/>
		<input type="checkbox"/> Clothing	<input type="checkbox"/>
		<input type="checkbox"/> Other	<input type="checkbox"/>
<input type="checkbox"/> <b>Biological</b> (infectious material, human or animal tissue, biological fluid or toxins, etc.)	Do hazards prohibit extended access? Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Eye/Face/Head	<input type="checkbox"/>
		<input type="checkbox"/> Hands/Feet	<input type="checkbox"/>
		<input type="checkbox"/> Clothing	<input type="checkbox"/>
		<input type="checkbox"/> Other	<input type="checkbox"/>
<input type="checkbox"/> <b>Thermal (Hot/Cold)</b> (torching, hot sparks, working with cryogenic gases, etc.)	Do hazards prohibit extended access? Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Eye/Face/Head	<input type="checkbox"/>
		<input type="checkbox"/> Hands/Feet	<input type="checkbox"/>
		<input type="checkbox"/> Clothing	<input type="checkbox"/>
		<input type="checkbox"/> Other	<input type="checkbox"/>
<input type="checkbox"/> <b>Electrical</b> (exposed electrical conductors, energized parts, electrical switch gear, etc.)	Do hazards prohibit extended access? Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Eye/Face/Head	<input type="checkbox"/>
		<input type="checkbox"/> Hands/Feet	<input type="checkbox"/>
		<input type="checkbox"/> Clothing	<input type="checkbox"/>
		<input type="checkbox"/> Other	<input type="checkbox"/>
<input type="checkbox"/> <b>Dust/Mites/Fumes/Vapors</b> (silica dust, animal bedding, allergens, nanomaterials, etc.)	Do hazards prohibit extended access? Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Eye/Face/Head	<input type="checkbox"/>
		<input type="checkbox"/> Hands/Feet	<input type="checkbox"/>
		<input type="checkbox"/> Clothing	<input type="checkbox"/>
		<input type="checkbox"/> Other	<input type="checkbox"/>

<input type="checkbox"/> <b>Light (Optical) Radiation</b> (laser, UV light, welding, etc.)	Do hazards prohibit extended access? Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Eye/Face	<input type="checkbox"/>
<input type="checkbox"/> <b>Ionizing Radiation</b> (radioisotopes, X-rays, etc.)	Do hazards prohibit extended access? Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Eye/Face/Head	<input type="checkbox"/>
		<input type="checkbox"/> Hands/Feet	<input type="checkbox"/>
		<input type="checkbox"/> Clothing	<input type="checkbox"/>
		<input type="checkbox"/> Other	<input type="checkbox"/>
<input type="checkbox"/> <b>Noise</b> (continuous or impact noise, etc.)	Do hazards prohibit extended access? Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Hearing	<input type="checkbox"/>

<b>Completed By:</b>	<b>Title:</b>	<b>Unit:</b>	<b>Phone:</b>
<b>Signature:</b>	<b>Date:</b>	<b>Email:</b>	