

## Hazardous Materials Worksheet

### Hazards Anticipation

**Anticipated or Potential Hazardous Materials (Check all that Apply):**

Gases     Vapors     Fumes     Dusts     Fibers     Mists

**Anticipated or Potential Physical Hazards (Check all that Apply):**

Fire     Explosion     Oxidizer     Corrosive to Metal     Gas under Pressure     Self-Heating Substance

**Anticipated or Potential Health Hazards (Check all that Apply):**

Toxic     Skin/Eye Irritant     Respiratory/Aspiration Hazard     Carcinogen     Reproductive Toxicity

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|------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Confined or enclosed spaces (hazardous atmospheres).                                                                        | <input type="checkbox"/> Homes built before 1978 – suspect to contain lead-based paint, according to the EPA.          |
| <input type="checkbox"/> Contaminated soil conditions (hazardous atmospheres).                                                                       | <input type="checkbox"/> Extreme temperatures (hot & cold environments).                                               |
| <input type="checkbox"/> Unsanitary conditions (poor housekeeping, poorly kept toilet facilities, etc.).                                             | <input type="checkbox"/> Radiological exposures (nuclear power plants, antennas, hospitals, laboratories and the sun). |
| <input type="checkbox"/> Presence of hazardous materials (dangerous coatings on structures & metal containing alloys).                               | <input type="checkbox"/> Loud noise (use of tools and equipment).                                                      |
| <input type="checkbox"/> The use of hazardous chemicals (gases, solvents, glues and concrete).                                                       | <input type="checkbox"/> Hot work (welding and cutting).                                                               |
| <input type="checkbox"/> The presence of residues left by degreasing agents, usually chlorinated hydrocarbons (chloroform and carbon tetrachloride). | <input type="checkbox"/> The presence of plant and/or animal wildlife (poisonous venom, feces, rabies...).             |
| <input type="checkbox"/> Older buildings and structures; unoccupied dwellings (fungi/mold, asbestos & lead).                                         | <input type="checkbox"/> Other: _____                                                                                  |

### Hazards Identification

**Description of Health Hazard:** \_\_\_\_\_

Gas     Vapor     Fume     Dust/Fiber     Mist     Fungi (Mold)  
 Radiation     Other \_\_\_\_\_

C.A.S # \_\_\_\_\_ Flash Point (FP) \_\_\_\_\_ Vapor/Gas Density \_\_\_\_\_ Lower Flammable Limit (LFL) \_\_\_\_\_

PEL: \_\_\_\_\_ TLV: \_\_\_\_\_ REL: \_\_\_\_\_ AL: \_\_\_\_\_ C: \_\_\_\_\_ STEL: \_\_\_\_\_

- Is there a safe alternative? Yes/No (If yes, describe: \_\_\_\_\_)
- Is the work being performed by qualified people? Yes/No (List special training, certification and/or licensing required): \_\_\_\_\_
- Does the work involve entry into confined or enclosed spaces? Yes/No (if yes, follow confined space entry procedures).
- Is there a Safety Data Sheet (SDS) available on the job-site for all hazardous chemicals? Yes/No
- Are hazard controls being implemented in order of preference? Yes/No
  1. Engineering; ventilation & wet methods.
  2. Administrative; work practices, scheduling workers to minimize exposure, extended breaks, etc.
  3. Personal Protective Equipment (PPE); respiratory and hearing protection, protection of face, hand, feet, eyes & whole body.

# 10-hour General Industry Outreach

## Hazards Evaluation

### Health Hazard Route of Entry(s)

Inhalation  Ingestion  Absorption  Injection  Other \_\_\_\_\_

### Environmental & Personal Air Monitoring:

- Air monitoring does not measure you or what you are doing, but rather what you are exposed to on the job.
- Air monitoring must be done by a trained health professional (industrial hygienist or technician).
- Monitoring can be done by measuring the air in a fixed location in the work area (*area monitoring*) or by placing the monitoring equipment on individual workers and measuring the amount they are exposed to (*personal monitoring*).

### Hazard Evaluation (Employee Exposure Monitoring and/or Medical Surveillance)

- Exposure Records: TWA: \_\_\_\_\_ C: \_\_\_\_\_ STEL: \_\_\_\_\_  
(This information must be maintained by employer for 30 years.)
- Medical Records (List): \_\_\_\_\_

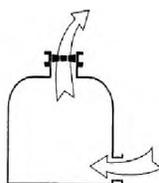
(This information must be maintained by employer for duration of employment, plus 30 years.)

## Hazards Control (Engineering)

### Engineering Controls (Select engineering controls to be implemented):

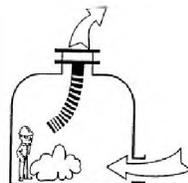
- Dust suppression (*wet methods*): \_\_\_\_\_
- Dust collection systems (*vacuum*): \_\_\_\_\_
- General (dilution) ventilation; works best when air contaminants are widely disbursed through the area.
- Local (exhaust) ventilation system; works well when air contaminants are generated at a single source.

Describe mechanical ventilation system used:



#### General (Dilution) Ventilation...

Forces fresh air into an area and dilutes contaminants; this allows air to move through a space which ensures a fresh continual supply.



#### Local (Exhaust) Ventilation...

Removes contaminated air at its source; this prevents harmful dust, fumes & mists from contaminating the breathing air of the worker.

If no engineering controls are being implemented, person authorizing the non-use of engineering controls:

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Reason (explain): \_\_\_\_\_

# 10-hour General Industry Outreach

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## Hazards Control (Administrative)

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### **Administrative Controls (used with personal protective equipment):**

- Gather all specialty equipment, including, ventilators, warning signs, personal protective equipment, etc. (list all specialty equipment needed for job): \_\_\_\_\_
- Operations that involve toxic substances are scheduled at times when other workers are not present? Yes/No (describe): \_\_\_\_\_
- Work is isolated to just a few protected employees; signs posted and controlled access zones established? Yes/No (describe): \_\_\_\_\_
- Employees are rotated in and out of jobs to minimize exposure? Yes/No (describe): \_\_\_\_\_
- Employees removed from working around hazardous substances once they have reached a predetermined level of exposure? Yes/No (describe): \_\_\_\_\_
- Are hot and cold work environments considered? Yes/No (describe): \_\_\_\_\_
- Employees trained on proper housekeeping & good personal hygiene? Yes/No
- Employees trained on the proper procedures that minimize exposures? Yes/No
- Employees trained on how to inspect and maintain process and equipment on a regular basis? Yes/No
- No eating, drinking, smoking, chewing tobacco or gum, and applying cosmetics in hazardous areas? Yes/No

## Hazards Control (PPE)

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Controlling a hazard at its source is the best way to protect workers. However, when engineering, work practices and administrative controls are not feasible\* or do not provide sufficient protection, employers must provide **personal protective equipment (PPE)** to the employee and ensure its proper use.

**Description of personal protective equipment being used:**     Eye/Face Protection     Foot Protection  
 Body Protection     Gloves     Respirator     Other \_\_\_\_\_     Other \_\_\_\_\_

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- Is the device approved? Yes/No (describe): \_\_\_\_\_
  - Is the device appropriate for the type of hazard? Yes/No (explain): \_\_\_\_\_
  - Is the worker wearing the device properly trained to understand the use, limitations and care instructions of the device? Yes/No (explain): \_\_\_\_\_
  - Does the material have sufficient strength to withstand the environment? Yes/No (explain): \_\_\_\_\_
  - Will the material withstand repeated use after contamination and decontamination? Yes/No (explain): \_\_\_\_\_
  - Is the material flexible or pliable enough to allow end users to perform needed tasks? Yes/No (describe): \_\_\_\_\_
  - Will the material maintain its protective integrity and flexibility under hot and cold extremes? Yes/No (explain): \_\_\_\_\_
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