

ST. CLOUD STATE UNIVERSITY HAZARD ASSESSMENT FORM

Position/Job Class _____

Work Area _____

Assessor (*Please Print*) _____

Date _____

Assessor's Signature _____

Hazard Potential	Body Part(s) to be Protected from Type of Hazard							
Source	Face/Eye	Head	Foot	Hand	Body	Respiratory	Noise	Other
Chemical Splash								
Penetration								
Compression								
Chemical								
Chemicals								
Harmful Dusts								
Nuisance Dust								
Heat/Cold								
Hot Sparks								
Splash from Hot Metals								
High/Low Temp. Expos.								
Physical Hazards								
Welding-Elect. Arc								
Welding-Gas								
Cutting Torch								
Glare								
Light Radiation								
Sawing Cutting								
Grinding								
Drilling								
Power Source								

**ST. CLOUD STATE UNIVERSITY
HAZARD ASSESSMENT FORM - CONTINUED**

Hazard Potential	Body Part(s) to be Protected from Type of Hazard							
Source	Face/Eye	Head	Foot	Hand	Body	Respiratory	Noise	Other
Plumbing Activity								
Burn								
Elect. Shock								
Impact								
Cuts and Abrasions								
Heavy/Repetitive Lifting								
Potential Exposure to Infectious Agents								
Splash								
Respond to Emergency Cleanup Body Fluids/Spills								
Handling Contaminated Items								
Administer CPR/1st Aid								
Physical Plant Activities								
Snow Blowing/Plowing								
Shoveling								
Mow Lawn								
Gator/ATV								
Bobcat/JLG/Operating Forklifts								
Personnel Lift								
Front End Loaders								
Bucket Truck								
Equipment Lift								
Snow Plow/Dump Truck								
Other								

cc: Human Resources
Safety Administrator
Employee
Supervisor