

WORKPLACE HAZARD ASSESSMENT

I am reviewing (check the appropriate box):	<input type="checkbox"/> A worksite	Specify location: Publications Unit / Labor Building
	<input checked="" type="checkbox"/> A single employee's job description	Name of employee: David Bullock
		Working title of position: Press Operator III
		Position Number: 00778640
	<input type="checkbox"/> A job description for a class of employees	Working title of positions: Press Operator
		Position Number(s):

Your Name: Mike Daniels	Department: NC Dept of Labor	Date: 01-29-16
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	EYE HAZARDS: Tasks that can cause eye injury include: working with chemicals or acids; chipping, sanding, or grinding; welding; furnace operations; and metal and wood working.				
	Check the appropriate box for each hazard:		Description of hazard(s):	Based upon the hazard assessment, the following PPE is required:	
	Chemical Exposure	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Chemical splash, when pour from one container to another or mixing chemicals Splash Proof Safety Goggles required	Follow MSDS sheets on chemicals
	High Heat/Cold	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>		
	Dust/Flying Debris	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>		
	Impact	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>		
	Light/Radiation	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>		

	HEAD HAZARDS: Tasks that can cause head injury include: working below other workers who are using tools or materials that could fall; working on energized electrical equipment or utilities; and, working in trenches or confined spaces.				
	Check the appropriate box for each hazard:		Description of hazard(s):	Based upon the hazard assessment, the following PPE is required:	
	Impact	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>		
	Electrical Shock	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>		

	FOOT HAZARDS: Tasks that can cause foot injury include: exposure to chemicals or acids; welding or cutting; foundry operations; materials handling; renovation or construction; electrical work; and, spray finishing or other work with flammable or explosive materials.		
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	<p>Check the appropriate box for each hazard:</p> <table border="1"> <tr> <td data-bbox="293 191 548 289">Chemical Exposure</td> <td data-bbox="548 191 618 289">Yes <input type="checkbox"/></td> <td data-bbox="618 191 685 289">No <input checked="" type="checkbox"/></td> </tr> <tr> <td data-bbox="293 289 548 388">High/Heat Cold</td> <td data-bbox="548 289 618 388">Yes <input type="checkbox"/></td> <td data-bbox="618 289 685 388">No <input checked="" type="checkbox"/></td> </tr> <tr> <td data-bbox="293 388 548 487">Impact/Compression</td> <td data-bbox="548 388 618 487">Yes <input type="checkbox"/></td> <td data-bbox="618 388 685 487">No <input checked="" type="checkbox"/></td> </tr> <tr> <td data-bbox="293 487 548 585">Slips/Trips</td> <td data-bbox="548 487 618 585">Yes <input type="checkbox"/></td> <td data-bbox="618 487 685 585">No <input checked="" type="checkbox"/></td> </tr> <tr> <td data-bbox="293 585 548 684">Puncture</td> <td data-bbox="548 585 618 684">Yes <input type="checkbox"/></td> <td data-bbox="618 585 685 684">No <input checked="" type="checkbox"/></td> </tr> <tr> <td data-bbox="293 684 548 783">Slippery/Wet Surfaces</td> <td data-bbox="548 684 618 783">Yes <input type="checkbox"/></td> <td data-bbox="618 684 685 783">No <input checked="" type="checkbox"/></td> </tr> <tr> <td data-bbox="293 783 548 882">Explosive/Flammable Atmospheres</td> <td data-bbox="548 783 618 882">Yes <input type="checkbox"/></td> <td data-bbox="618 783 685 882">No <input checked="" type="checkbox"/></td> </tr> <tr> <td data-bbox="293 882 548 980">Electrical</td> <td data-bbox="548 882 618 980">Yes <input type="checkbox"/></td> <td data-bbox="618 882 685 980">No <input checked="" type="checkbox"/></td> </tr> </table>	Chemical Exposure	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	High/Heat Cold	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Impact/Compression	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Slips/Trips	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Puncture	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Slippery/Wet Surfaces	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Explosive/Flammable Atmospheres	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Electrical	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	<p>Description of hazard(s):</p>	<p>Based upon the hazard assessment, the following PPE is required:</p>
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Electrical	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>																									
	<p>NOISE HAZARDS: Personnel may be exposed to noise hazards when machining, grinding, sanding, using pneumatic equipment, generators, motors, jackhammers, or similar equipment. ADDITIONAL TRAINING/MONITORING IS REQUIRED!</p> <p>Check the appropriate box for each hazard:</p> <table border="1"> <tr> <td data-bbox="293 1230 548 1570">Noise hazard</td> <td data-bbox="548 1230 618 1570">Yes <input checked="" type="checkbox"/></td> <td data-bbox="618 1230 685 1570">No <input type="checkbox"/></td> </tr> </table>	Noise hazard	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	<p>Description of hazard(s):</p> <p>Noise from machine running in the print shop</p>	<p>Based upon the hazard assessment, the following PPE is required:</p> <p>PPE is not required.</p> <p>Noise levels are not high enough to require ear plugs.</p> <p>Ear plugs have been provided to the employee to use if feel the need.</p>																					
Noise hazard	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>																									
	<p>HAND HAZARDS: Hand injury can be caused by: work with chemicals or acids; exposure to cut or abrasion hazards (for example, during demolition, renovation, or woodworking); and, work with very hot or cold objects or materials. BLOODBORNE PATHOGENS – ADDITIONAL TRAINING/MONITORING IS REQUIRED!</p> <p>Check the appropriate box for each hazard:</p> <table border="1"> <tr> <td data-bbox="293 1808 548 1900">Chemical Exposure</td> <td data-bbox="548 1808 618 1900">Yes <input checked="" type="checkbox"/></td> <td data-bbox="618 1808 685 1900">No <input type="checkbox"/></td> </tr> </table>	Chemical Exposure	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	<p>Description of hazard(s):</p> <p>Working and mixing with chemicals in the</p>	<p>Based upon the hazard assessment, the following PPE is required:</p>																					
Chemical Exposure	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>																									

	High Heat/Cold	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	print shop and darkroom	Follow MSDS sheets on all the chemicals used in the Print Shop and Darkroom Any condition where a liquid drip, leak, spill, splash, spray, etc. could result in the liquid entering the eyes. Require items: Splash Proof Safety Goggles Cloth or Vinyl Apron Rubber Gloves
	Cuts/ Abrasions	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>		
	Puncture	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>		
	Electrical Shock	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>		
	Bloodborne Pathogens	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>		

	BODY/TORSO HAZARDS: Injury of the body or torso occur during: exposure to chemicals, acids, or other hazardous materials; abrasive blasting; welding, cutting, brazing; chipping, sanding, or grinding; use of chainsaws or similar equipment; foundry operations; and, work around electrical arcs.			
	Check the appropriate box for each hazard:		Description of hazard(s):	Based upon the hazard assessment, the following PPE is required
	Chemical Exposure	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Working and mixing with chemicals in the print shop or darkroom Cloth or Vinyl Apron are required
	Extreme Heat/Cold	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	
	Abrasion	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	
	Impact	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	
	Electrical Arc	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	
Follow MSDS sheets on chemicals				

	FALL HAZARDS: Personnel may be exposed to fall hazards when performing work on a surface with an unprotected side or edge that is 6 feet or more above a lower level, or 10 feet or more on scaffolds. Fall protection may also be required when using vehicle manlifts, elevated platforms, tree trimming, performing work on poles, roofs, or fixed ladders. ADDITIONAL TRAINING/MONITORING IS REQUIRED!			
	Check the appropriate box for each hazard:		Description of hazard(s):	Based upon the hazard assessment, the following PPE is required
	Fall Hazard	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	

	RESPIRATORY HAZARDS: Personnel may be exposed to respiratory hazards that require the use of respirators; when using certain chemicals outside of chemical fume hood; when applying paints or chemicals in confined spaces; when welding, cutting, or brazing on certain metals; and, when disturbing asbestos, lead, silica, or other particulate hazards. ADDITIONAL TRAINING/MONITORING IS REQUIRED!					
	Check the appropriate box for each hazard:			Description of hazard(s):	Based upon the hazard assessment, the following PPE is required	
	Chemical Exposure	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Spray Powder for Ink drying is used while printing presses are running. Powder is in the air.	Dust Mask Respirator is provided, but not required. Respirator training is not required	
	Confined Space Work	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>			
	Particulate Exposure	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>			
Welding (fumes/dust) and/or related hazard	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>				

Certification of Job Hazard Assessment: I certify that a job hazard assessment has been conducted as required under 29 CFR 1910.132(d).

There were no changes to the Hazard Assessment: No New Chemicals Added: Reviewed with Employee

Name of Person Conducting Assessment (Please Print) : Mike Daniels

Signature of Person Conducting Assessment: _____ **Date of Certification:** 01-29-15

Signature of Person Receiving Assessment: *Paul Bullback*

Checked Equipment – 01-29-16

Safety Kit: 3 in 1

1-Safety Goggle

1-Ear Plugs

1- Dust Mask