

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: 01-28-14	
	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	Follow MSDS sheets on chemicals Splash Proof Safety Goggles required
	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.				
	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"/>		
	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"/>		
	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!				
	Check the appropriate box for each hazard:			Description of hazard(s):	Based upon the hazard assessment, the following PPE is required:
	Noise hazard	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Noise from machine running in the print shop	PPE is not required. Noise levels are not high enough to require ear plugs. Ear plugs have been provided to the employee to use if feel the need.

	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!				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 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		
	High Heat/Cold	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>				
	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	Follow MSDS sheets on chemicals 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"/>				

	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: _01-28-14

Signature of Person Receiving Assessment:_____

Checked Equipment_____

Safety Kit: 3 in 1

1-Safety Goggle

1-Ear Plugs

1- Dust Mask

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: Mike Hodgin		
		Working title of position: Press Operator II		
	Position Number: 00238049			
<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: 01-28-14
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	Follow MSDS sheets on chemicals Splash Proof Safety Goggles required
	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"/>		

<p>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.</p>					
	<p>Check the appropriate box for each hazard:</p>			<p>Description of hazard(s):</p>	<p>Based upon the hazard assessment, the following PPE is required:</p>
	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>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>			<p>Description of hazard(s):</p>	<p>Based upon the hazard assessment, the following PPE is required:</p>
	Noise hazard	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Noise from machine running	<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>



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!**

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 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
High Heat/Cold	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>		
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	Follow MSDS sheets on chemicals 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"/>		

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: 01-28-14 _____

Signature of Person Receiving Assessment: -----

Safety Kit: 3 in 1

1-Safety Goggle

1-Ear Plugs

1- Dust Mask

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: Rex Edwards		
		Working title of position: Graphic Artist		
	Position Number: 00610187			
<input type="checkbox"/> A job description for a class of employees	Working title of positions: Graphic Artist			
	Position Number(s):			
Your Name: Mike Daniels		Department: NC Dept of Labor		Date: 01-28-14
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 type="checkbox"/> No <input checked="" type="checkbox"/>	when changing toner in copier, toner dust, may disperse in air	Follow MSDS sheets on chemicals Splash Proof Safety Goggles provided, not required
	High Heat/Cold	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
	Dust/Flying Debris	Yes <input checked="" type="checkbox"/> No <input 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"/>		

	<p>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.</p>				
	<p>Check the appropriate box for each hazard:</p>			<p>Description of hazard(s):</p>	<p>Based upon the hazard assessment, the following PPE is required:</p>
	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>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>			<p>Description of hazard(s):</p>	<p>Based upon the hazard assessment, the following PPE is required:</p>
	Noise hazard	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Noise from machine running only when entering print shop	<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>

	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!					
	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 with and replacing toner cartridges	Follow MSDS sheets on chemicals: Safety Equipment provided, not required Splash Proof Safety Goggles Cloth or Vinyl Apron Rubber Gloves	
	High Heat/Cold	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>			
	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 with and replacing toner cartridges	Follow MSDS sheets on chemicals Safety Equipment provided, not required Cloth or Vinyl Apron	
	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"/>				
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"/>	Toner Dust when replacing cartridges Spray Powder for Ink drying is used while printing presses are running. Powder is in the air. if Working in the Print Shop	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: 01-28-14_____

Signature of Person Receiving Assessment: -----

Safety Kit: 3 in 1

1-Safety Goggle

1-Ear Plugs

1- Dust Mask

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: Jeff Wilson		
		Working title of position: Graphic Artist		
	Position Number: 01017130			
<input type="checkbox"/> A job description for a class of employees	Working title of positions: Graphic Artist			
	Position Number(s):			
Your Name: Mike Daniels		Department: NC Dept of Labor		Date: 01-28-14
	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 type="checkbox"/>	No <input checked="" type="checkbox"/>	when changing toner in copier, toner dust, may disperse in air Follow MSDS sheets on chemicals Splash Proof Safety Goggles provided, not required
	High Heat/Cold	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	
	Dust/Flying Debris	Yes <input checked="" type="checkbox"/>	No <input 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"/>		

	<p>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.</p>				
	<p>Check the appropriate box for each hazard:</p>			<p>Description of hazard(s):</p>	<p>Based upon the hazard assessment, the following PPE is required:</p>
	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>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>			<p>Description of hazard(s):</p>	<p>Based upon the hazard assessment, the following PPE is required:</p>
	Noise hazard	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Noise from machine running only when entering print shop	<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>

	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!					
	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 with and replacing toner cartridges	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	
	High Heat/Cold	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>			
	Cuts/Abrasions	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Working and mixing with chemicals, if Working in the print shop or darkroom		
	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 with and replacing toner cartridges	Follow MSDS sheets on chemicals Cloth or Vinyl Apron are required	
	Extreme Heat/Cold	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Working and mixing with chemicals, if Working in the print shop or darkroom		
	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"/>		
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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 dust may be in the air. if Working in the Print Shop	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	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>		

	hazard				
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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: 01-28-14 _____

Signature of Person Receiving Assessment: _____

Safety Kit: 3 in 1

1-Safety Goggle

1-Ear Plugs

1- Dust Mask