|  |
| --- |
| **RESPIRATORY PROTECTION – Does your employee perform, or work in proximity to, any of the following job tasks or processes? Y N** |
| Use any workplace product that states on the label or MSDS that respiratory protection is required |  |  |
| Spray paint, insecticides, herbicides or other flammable or toxic chemicals in pressurized/mist form  |  |  |
| Weld, braze, solder, or use a torch to cut metals |  |  |
| Grind metals, sand wood, clean with air pressure, sandblast, or other process that generates dust |  |  |
| Use petroleum or alcohol based solvents? |  |  |
| Handle biological samples or the remains of dead animals? |  |  |
| Clean or demolish old or abandoned structures? |  |  |
| Enter confined spaces? |  |  |
| Voluntarily use (i.e., when workplace measurements don’t support requiring them to do so) a respirator of any type, including disposable dust masks? (If “yes," see below) |  |  |
| NOTE: Employees voluntarily using any type of respiratory protection must be provided a copy of 29 CFR 1910.134, Appendix D, *Information for Employees Using respirators When Not Required Under the Standard*. |

|  |
| --- |
| **HEARING CONSERVATION - Does your employee work directly with, or in the vicinity of, any of the following types of equipment as part of their job?** **Y N**  |
| Lawnmower, leaf blower or weed trimmer |  |  |
| Gas powered chainsaw, drill, or jackhammer |  |  |
| Gas powered fuel or water pump, compressor, or generator |  |  |
| Powered wood shop tool (tablesaw, planer, jointer, bandsaw, sander, shaper, etc.)  |  |  |
| Electric or air powered portable tool that cuts, drills, routs, or hammers  |  |  |
| Grinding wheel/disk |  |  |
| Firearms or explosives |  |  |
| ATV, outboard boat motor,  |  |  |
| Helicopter or non-commercial fixed wing aircraft |  |  |
| Heavy equipment ( grader, backhoe, bucket loader, compactor, etc. |  |  |
| Skid steer tractor , diesel or gas forklift |  |  |
| Any other comparably loud equipment/processes |  |  |

|  |
| --- |
| **BLOODBORNE PATHOGENS – Does your employee perform any of the following tasks? Y N**  |
| Work in remote areas with no emergency services readily available (i.e., serve as a 1st Aid provider) |  |  |
| Pick up or handle garbage, trash, medical waste, or feces, either bagged or unbagged? |  |  |
| Clean used eating utensils |  |  |
| Clean bathrooms or outhouses |  |  |
| Serve as an EMT on fire/incident crews |  |  |
| Handle biological specimens or the remains of dead animals |  |  |
| Operate a sewage treatment system |  |  |
| Repair plumbing pipes or fixtures |  |  |

|  |
| --- |
| **LOCK-OUT/TAG-OUT (ENERGY CONTROL) – Does your employee perform any of the following job tasks? Y N**  |
| Install, repair, or replace electrical circuitry switches, or devices connected in any way to utility line or portable generator power of 110 volt AC or greater  |  |  |
| Install, repair, or replace electrical circuitry switches, or devices connected to DC power beyond that created by disposable batteries(Actual hazard level must be determined by measuring amperage & voltage) |  |  |
| Repair or perform maintenance on tools or equipment with moving parts  |  |  |
| Replace blades or bits on machinery |  |  |
| Work under any object supported by lifts or jacks  |  |  |
| Any servicing or maintenance on any other machine or equipment where the unexpected energizing, start up, or release of stored energy could occur and cause injury |  |  |

|  |
| --- |
| **CONFINED SPACE ENTRY – Does your employee enter any space that: Y N** |
| Can be physically entered, but is not designed for continuous employee occupancy (examples: silos, bins, hoppers, vaults, pits, manholes, crawlspaces, tanks) |  |  |
| Has limited or restricted means for entry or exit (a hatchway or hole that is less than a standard doorway in size or otherwise obstructs entry or exit in any way) |  |  |

|  |
| --- |
| **HAZARD COMMUNICATION (HAZCOM) Y N** |
| Does your employee use a chemical product? |  |  |
| Is your employee exposed to a chemical product used by other employees? |  |  |
| NOTE: Basically, any product/substance is a chemical product. The health hazard of a product is determined by degree of toxicity and length of exposure. The use of a product at the level of a typical household consumer may not require a program. Consult your safety specialist for guidance on your particular workplace chemical products. |

|  |
| --- |
| **Emergency Action Plan –** Does your Emergency Action Plan fail to address any of the following points: **Y N**  |
| Fires, chemical spills, sabotage, civil disobedience, bomb threats, natural disaster |  |  |
| Emergency reporting procedures |  |  |
| Building evacuation routes |  |  |
| Procedures to account for evacuated employees |  |  |
| Emergency duties assigned to named individuals |  |  |
| Names and job titles of emergency procedures personnel |  |  |

|  |
| --- |
| **Fire Prevention Plan –** Does your facility: **Y N**  |
| Require all employees to evacuate immediately when a fire alarm sounds |  |  |
| Have fire extinguishers stationed for employee use |  |  |
| Have any quantity of ethylene oxide, Methylenedianiline, or 1,3-Butadiene |  |  |

|  |
| --- |
| **Radiation Control Plan –** Is your employee exposed to any of the following **potential** sources of **ionizing** radiation :  **Y N**  |
| Metal mining, ores & processing waste  |  |  |
| Oil and Gas Production Wastes |  |  |
| Coal ash |  |  |
| Phosphate waste |  |  |
| Uranium mining ore samples or overburden |  |  |
| Water Treatment Residues |  |  |
| X-Ray machines (e.g., pipeline weld analyzer) |  |  |
| Areas of naturally high ambient radiation levels |  |  |
| Portable moisture or density meters |  |  |
| Well logging devices |  |  |

|  |
| --- |
| **PERSONAL PROTECTIVE EQUIPMENT (PPE) – Is your employee exposed to: Y N**  |
| Flying particles, molten metal, liquid chemicals, acids or caustic liquids, chemical gases or vapors |  |  |
| Welding arc or other intense light |  |  |
| Dusts, fogs, vapors, fumes, mists, gases, smokes, or sprays (See ***Respiratory Protection***, other side) |  |  |
| Loud noises (see ***Hearing Protection***, other side) |  |  |
| Overhead objects that could fall and cause head injury (construction tools and materials, forest trees/branches, warehouse materiel) |  |  |
| Electrical energy |  |  |
| Hazards to the hands from burns, cuts, abrasions, punctures, chemical exposures or cryogenic liquids/gases  |  |  |
| Bloodborne pathogens or other biological hazards (See ***Bloodborne Pathogens***, previous page.) |  |  |
| Chainsaw blades |  |  |
| Extreme environmental conditions |  |  |
| Operation of off highway vehicles or watercraft  |  |  |
| Working at heights greater than 4’ for general activities or 6’ if engaged in building construction. |  |  |
| NOTE: PPE should not be provided (and employees should not be exposed to the hazard requiring it) without completing a hazard assessment and a program that addresses employee training and selection, fit, cleaning, and maintenance of the PPE.  |

|  |
| --- |
| **Other serious workplace hazards may also justify written programs, though OSHA may not specifically identify or even require them. The BLM uses such programs to help manage risk in various hazardous activities. Does your employee engage in any of the following workplace activities:** **Y N**  |
| Tower climbing |  |  |
| Duties with exposure to non-ionizing radiation (radar, radio, or electromagnetic force) |  |  |
| Cave or abandoned mine entry |  |  |
| Powered or non-motorized watercraft operation |  |  |
| Non-law enforcement related firearms use  |  |  |
| Special purpose aviation flights |  |  |
| Wild animal capture  |  |  |
| Rock climbing/rappelling |  |  |
| Off Highway Vehicle (OHV) operation |  |  |