HAZARD IDENTIFICATION CHECKLIST

JLab Proposal No.: _____ Date : _____

(For JLab U/I Liaison Office use only.)

Check all items for which there is an anticipated need.

Cryogenics

_____ beamline magnets
_____ analysis magnets
_____ target
type: _____
flow rate: _____
capacity: _____

Electrical Equipment

_____ cryo/electrical devices
_____ capacitor banks
_____ high voltage
_____ exposed equipment

Radioactive/Hazardous Materials

List any radioactive or hazadorous/ toxic materials planned for use:

_____
_____
_____
_____

Pressure Vessels

_____ inside diameter
_____ operating pressure
_____ window material
_____ window thickness

Flammable Gas or Liquids

type: _____
flow rate: _____
capacity: _____

Other Target Materials

___ Beryllium (Be)
___ Lithium (Li)
___ Mercury (Hg)
___ Lead (Pb)
___ Tungsten (W)
___ Uranium (U)
___ Other (list below)

_____
_____

Special Target Materials

___ * Helium (^{3}He)
___ Deuterium

Drift Chambers

type: _____
flow rate: _____
capacity: _____

Vacuum Vessels

_____ inside diameter
_____ operating pressure
_____ window material
_____ window thickness

Radioactive Sources

_____ permanent installation
_____ temporary use
type: _____
strength: _____

Large Mech. Structure/System

_____ lifting devices
_____ motion controllers
_____ scaffolding or
_____ elevated platforms

Lasers

type: _____
wattage: _____
class: _____

Installation:
_____ permanent
_____ temporary

Use:
_____ calibration
_____ alignment

Hazardous Materials

____ cyanide plating materials
____ scintillation oil (from)
____ PCBs
____ methane
____ TMAE
____ TEA
____ photographic developers
____ other (list below)

_____
_____

General

Experiment Class:

_____ Base Equipment
_____ Temp. Mod. to Base Equip.
_____ Permanent Mod. to Base Equipment
_____ Major New Apparatus

Other: _____
_____