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| --- | --- |
| C:\Users\molx235\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.Outlook\Z5T4WZ7C\LI_SafetyHealth_BW.png | **Workplace Hazards & Solutions Worksheet**  **For use with the Workplace Hazard Basics Course**  [**www.Lni.wa.gov/WorkplaceHazardBasics**](http://www.Lni.wa.gov/WorkplaceHazardBasics) |

|  |  |  |  |
| --- | --- | --- | --- |
| **Hazard Source** (Object, Activity, or Location): |  | Date: |  |
|  |  | Company: |  |
|  | Work Area: |  |
|  |  | Evaluator: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Hazards** (How can someone get hurt?) | | | |
| **Caught in or between** (machinery, soil, etc.) | **Fire or explosion** | **Slip or Trip** | |
| **Chemical or substance** (blood, dust, etc.) | **Hit by or against** (vehicle, debris, etc.) | **Sprain or Strain** (lifting, etc.) | |
| **Electrical** | **Hot environment or surface** | **Other:** |  |
| **Falls** (from elevation or at same level) | **Noise** | **Other:** |  |

Describe each hazard noted:

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| --- |
|  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Hazard Solutions** (What can change to make it safer?) | | | | | |
|  | Change **what’s used**  (safer chemical, materials, or equipment, etc.) |  | Change **how work’s done**  (safer method or tool, etc.) |  | Change **something about the location** (improve ventilation, limit access, etc.) |

Describe the changes (hazard solutions) for each hazard:

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| --- |
|  |

**Personal Protective Equipment (PPE) (**when necessary)

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Eye | Face | Fall Protection | Foot | Hands | Hearing | Torso | Respirator | Other |

Describe PPE and when to use it:

|  |
| --- |
|  |