Wellesley College

Workplace Hazard Assessment

Name _____ Date _____

Job Title _____ Department _____

1. Impact Hazard
[ ] Yes [ ] No
Source:
_____
Body Part(s) Affected

2. Chemical Hazard
[ ] Yes [ ] No
Source:
_____
Body Part(s) Affected

3. Dust/Particulate Hazard
[ ] Yes [ ] No
Specify Type _____
Source:
_____

4. Hearing Hazard
[ ] Yes [ ] No
Source:

5. Electrical Hazard
[ ] Yes [ ] No
Source:

6. Thermal Hazard
[ ] Yes [ ] No
Source:
_____
Body Part(s) Affected

7. Blood/Biological Materials
[ ] Yes [ ] No
Source:
_____
Body Part(s) Affected

8. Ergonomic – Repetitive Motion
[ ] Yes [ ] No
Source:
_____
Body Part(s) Affected

9. Light/Non-Ionizing Radiation
[ ] Yes [ ] No
Source:
_____
Body Part(s) Affected

10.Compression or Rollover Hazard
[ ] Yes [ ] No
Source:
Body Part(s) Affected
_____

11. Penetration Hazard
[ ] Yes [ ] No
Source:
_____
Body Part(s) Affected
_____

12. Other Hazards? Please describe
_____