

# Initial Hazard Checklist

Date: \_\_\_\_\_

Location: \_\_\_\_\_

Type of Response (Brief Explanation): \_\_\_\_\_

Hazards	Yes	No	Description (if yes)
Confined Spaces	<input type="checkbox"/>	<input type="checkbox"/>	_____
Lockout/Tagout	<input type="checkbox"/>	<input type="checkbox"/>	_____
Electric/Power lines	<input type="checkbox"/>	<input type="checkbox"/>	_____
Work near Heavy traffic	<input type="checkbox"/>	<input type="checkbox"/>	_____
Work on/near Water	<input type="checkbox"/>	<input type="checkbox"/>	_____
Temperature Extremes	<input type="checkbox"/>	<input type="checkbox"/>	_____
Open Flames or Fire	<input type="checkbox"/>	<input type="checkbox"/>	_____
Any Explosive materials	<input type="checkbox"/>	<input type="checkbox"/>	_____
Pressurized Vessels	<input type="checkbox"/>	<input type="checkbox"/>	_____
High Noise Areas	<input type="checkbox"/>	<input type="checkbox"/>	_____
Airborne Contaminants	<input type="checkbox"/>	<input type="checkbox"/>	_____
Biohazard Concerns	<input type="checkbox"/>	<input type="checkbox"/>	_____
Non-Ionizing Radiation	<input type="checkbox"/>	<input type="checkbox"/>	_____

Radiation Levels:

Exposure Rates \_\_\_\_\_

Surface Contamination Levels \_\_\_\_\_

Airborne Radioactivity Levels \_\_\_\_\_

Additional Remarks:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_