Revised 5/01

HAZARD CHECKLIST

Date and time: ______________________________

Location: ______________________________

Type of Response (Brief Explanation): ______________________________

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Type of Hazard	Yes	No	Description (if yes)
Confined Spaces	☐	☐	
Lockout/Tagout	☐	☐	
Electric/Power Lines	☐	☐	
Work near Heavy Traffic	☐	☐	
Work on/near Water	☐	☐	
Temperature Extremes	☐	☐	
Open Flames or Fire	☐	☐	
Any Explosive Materials	☐	☐	
Pressurized Vessels	☐	☐	
High Noise Areas	☐	☐	
Airborne Contaminants	☐	☐	
Biohazard Concerns	☐	☐	
Non-Ionizing Radiation	☐	☐	

Radiation Levels

Exposure Rates ______________________________

Surface Contamination Levels ______________________________

Airborne Radioactivity Levels ______________________________

Additional Remarks: ______________________________

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Checklist completed by: ______________________________ Date: ______________