

EQUIPMENT DETAILS		
<b>Campus / station:</b>		<b>Department:</b>
<b>Equipment Name:</b>	<b>Initial Assessment Date:</b>	<b>Review Date:</b>
<b>Description of equipment and use:</b>		
<b>Location:</b>	<b>Building:</b>	<b>Room Number:</b>
<b>Person in charge of the equipment:</b> <b>Reviewed with:</b>		
<b>Manufacturer/Make/Model:</b>		<b>Purchase Date:</b> <i>(estimate if unknown)</i>
<b>Serial No. and/or Asset No.</b>		
<b>Installing Company (if applicable):</b>		
<b>Service/Calibration Contractor (if applicable):</b> <b>Manufacturer Manual Available:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Any relevant regulation, code, standard, guideline or U of G Policy (list):</b>		
<b>Licensing, Permitting or Certification:</b> Are there any licensing/permitting/certification requirements associated with ownership or operation of the equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No Are licenses or permits obtained and displayed? <input type="checkbox"/> Yes <input type="checkbox"/> No Permit #: _____ License/Permit/Certification Type: _____		

HAZARD IDENTIFICATION AND CONTROL			
Identify hazards <b>(use the checklist on page 2)</b> and detail the control measures required.			
Controls to be considered in the following order:			
1. Elimination (is it necessary?)	4. Engineering (guarding, redesign)		
2. Substitution (consider potential new hazards)	5. Administration training, SOP		
3. Isolation (restrict access)	6. Personal Protective Equipment (PPE) (e.g. gloves, leather apron, coveralls, hearing, respirator etc.)		
Identified Hazards	Required Controls	Controls Implemented	
		Yes <input type="checkbox"/>	No <input type="checkbox"/>
		Yes <input type="checkbox"/>	No <input type="checkbox"/>
		Yes <input type="checkbox"/>	No <input type="checkbox"/>
		Yes <input type="checkbox"/>	No <input type="checkbox"/>
		Yes <input type="checkbox"/>	No <input type="checkbox"/>

Implementation Plan (for controls not already in place)			
Control Selected	Person(s) responsible	Proposed completion	Actual completion

# Equipment Hazard Identification and Control

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HAZARD IDENTIFICATION				
	Check the hazards that apply for all equipment-related tasks			
	<b>Mechanical hazards</b>		<b>Radiation</b>	<b>Movement and controls</b>
	Accumulation of energy e.g. springs, liquids or gases under pressure, vacuum		Low-frequency, radio frequency radiation; microwaves	Unexpected movement when starting engine
	Crushing hazard		Infrared, visible and UV radiation	Inadequate design or identification of manual controls or visual display
	Cutting, shearing, friction or abrasion hazard		X-rays and gamma rays	Lack of braking - insufficient ability to slow down, stop and immobilize
	Entanglement, drawing in or trapping hazards		Lasers	
	Impact hazard		Alpha and beta rays, electron beams neutrons	<b>Loads/ Load Security</b>
	Puncture/injection hazard		<b>Ergonomics/Human Factors</b>	Load able to fall on operator
	High pressure		Unhealthy postures or excessive effort	Load causing machine tipping, affecting turning (lack of stability)
	<b>Electrical hazards</b>		Inadequate consideration of hand-arm or foot-leg anatomy / positioning	Unusual hazards from coupling and towing
	Contact with live parts (direct contact)		Extended reach or clearance	Tight turning = potential jack knife
	Contact with parts which have become live under faulty conditions (indirect contact)		Requires forceful repetitive action	
	Access to live parts under high voltage (arc flash)		Awkward positioning required to allow sight line during tasks	<b>Roll Over Potential</b>
			Inadequate lighting	Seating style, seatbelts
	<b>Materials and substances</b>			
	Contact/inhalation of harmful fluids, gases, mists, fumes, dusts		<b>Thermal hazards</b>	<b>Slips, Trips and Falls</b>
	Fire and explosion		Burns, scalds by contact with objects or materials (hot or cold)	Leaning off equipment required
	Biological, chemical or microbiological hazards		Hot or cold exposures /environment	Slippery surfaces
	Oxygen deficiency		<b>Noise</b>	Fall while mounting or dismounting – lack of hand /foot holds
	<b>Vibration</b>		Hazardous noise levels	Uneven surfaces or stair treads
	Hand-arm vibration		Interference with speech, acoustic sounds	Fall <3m
	Whole body vibration			Fall >3m
			<b>Other:</b>	

<b>Completed by:</b>		
<b>Name:</b>	<b>Signature:</b>	<b>Date:</b>
<b>Position Title:</b>		

<b>Reviewed by: (e.g., Principal Investigator, Supervisor, Manager)</b>		
<b>Name:</b>	<b>Signature:</b>	<b>Date:</b>

Position Title:		