## Hazards Assessment for Rooms

Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Room Number | **Equipment** | **Specific Risk** | **Safety Requirements** |
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**Numerical Codes for Risk and Safety Requirements**

**Risks:**

1. Chemical Hazard
2. Electrical Hazard
3. Possible injury from procedure
4. Possible Fatal inhalation
5. Biohazard
6. Possible damage to equipment

**Safety Requirements:**

1. Training required and Personal training record signed before using
2. SOP’s posted or manual provided
3. Limit Access to Regular Working Hours, 8:00 a.m. to 4:00 p.m.
4. All personnel must attend EAS WHMIS/Safety training
5. All personnel must wear Personal Protective Equipment.
6. All personnel must sign After Hours Logbook if working alone after regular working hours or on weekends.