Facilities Hazard Assessment Questionnaire

COLUMBIA UNIVERSITY
Environmental Health and Safety

EH&S is available to assist CUF Compliance with the recognition, evaluation and control of occupational hazards. This form is to be used to help evaluate possible hazards reported by members of the Columbia University Facilities (CUF) Department and should be completed by CUF Managers. Please use the fields below to specify information regarding the job function or potential hazard, including, frequency of use of the chemical(s), engineering control(s), and PPE. Upon receipt of this form, EH&S and CUF Compliance will arrange a visit to collect additional detailed information and develop a plan of work, in conjunction with the Facilities' staff, to produce the needed recommendation, Standard Operating Procedure(s), or other information.

Requestor Name

UNI

Phone Number

Shop, Trade or Department

Individual(s) Involved

Manager

Indicate the Type of Hazard

- ☐ Dust
- ☐ Crystalline silica
- ☐ Volatile Organic Cpds
- ☐ Toxic Material
- ☐ Noise or Vibration
- ☐ Particulates
- ☐ Other
- ☐ Chemical/Manufacturer Name
- ☐ MSDS Available (Please e-mail to occusafety@columbia.edu)

Brief Description of the Activity

Frequency of Described Activity:

- ○ Daily
- ○ Weekly
- ○ Monthly
- ○ Other

Duration (per shift) of Described Activity:

- ○ <15min
- ○ 15min-1hr
- ○ 1-3hr
- ○ Full Shift (8hr)
- ○ 3-6hr
- ○ Other

Personal Protective Equipment Used:

- ☐ Gloves
- ☐ Respirator (Mask)
- ☐ Protective Clothing
- ☐ Eye Protection
- ☐ Other

Location of Activity:

- ☐ Shop
- ☐ Outdoors
- ☐ Office
- ☐ Other

Please indicate availability to meet or the next scheduled use of the equipment or material for which the request is being placed (MM/DD/YYYY):

Additional Information

Submit Form

Reset Form