



UNIVERSITY OF NORTH CAROLINA HAZARDS MANAGEMENT PLAN

INDUSTRIAL, MAINTENANCE, AND CONSTRUCTION AND SUPPORT SERVICES WORK ENVIRONMENTS

SECTION I WORK UNIT DATA

Department: _____ Work Unit & Number: _____

Supervisor: _____ Work Environment: _____

Building and room number: _____

CB#: _____ Campus Telephone: _____ After-Hours Phone#: _____

Location of areas (specify department rooms in which employees work): _____

SECTION II PERSONNEL

**List all of the employees that are in your shop/department.

NAME	PID #
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Signature of Supervisor

Date

SECTION III HAZARDOUS MATERIALS INVENTORY

Reminder: When new materials are introduced into the workplace, employees must be informed and trained, including information on location of safety information (Material Safety Data Sheet -MSDS) and Safety Plan. List or attach inventory, indicating quantity (g,kg,gal,lbs), whether an MSDS is on-hand, and the storage location of that particular chemical/hazardous material(room #).

[illegible]

Location where MSDS documents are kept

SECTION IV HAZARDOUS EQUIPMENT INVENTORY

List power tools and equipment used by employees in your work unit. List each type of machine that has specific training requirements, e.g., chainsaws, powered lifts, tractors, etc. Other power tools may be listed collectively, i.e., hand-held power tools (saws, drills, sanders).

[illegible]

* F/P F=fixed, P=portable

SECTION V IDENTIFICATION OF REQUIRED SAFETY TRAINING

The following materials/tasks require documented safety training. Check those that apply to anyone in the work unit and complete a separate form for each employee in the work unit.

Work Unit _____ Work Unit # _____

Employee _____ PID # _____

✓	Training	Work Description
	JCAHO Annual Training (1700)	Employees who work in a healthcare facility.
	Fire Safety (2410)	All employees must be trained on emergency and fire prevention plans
	Electrical Safety (2510)	Employees who work on or near exposed energized electrical parts, equipment or installations.
	Power Distribution (2610)	Employees involved in the operation and maintenance of electric power generation, control, transformation, transmission, and distribution.
	Bloodborne Pathogens/ Tuberculosis (4148)	Employees identified in their work plan as exposed to blood or most other body fluids due to being part of a body-fluid-spill clean-up crew, handling plumbing or lab equipment <u>without a safety clearance form</u> or otherwise as indicated in the Exposure Control Plan (refer to http://www.ehs.unc.edu/ih/biological/bbp_fac.shtml).
	Hazard Communication (4220)	Employees who work with hazardous chemicals and/or are exposed to chemicals in their shop area.
	Occupational Noise Safety (4230)	Employees who are exposed to noise at or above 85 decibels.
	Asbestos Training (4510)	Employees exposed or potentially exposed to asbestos fibers.
	Lead Training (4520)	Employees exposed or potentially exposed to lead-based paint.
	Confined Spaces (4530)	Employees entering or working in confined spaces.
	Compressed Gas Safety (4610)	Employees who routinely use, transport, or store compressed gas cylinders.
	Personal Protective Equipment (6000)	Employees that use or are required to use Personal Protective Equipment (PPE).
	Respirator Training (6210)	Employees who wear respirators.
	Machine Guarding (7000)	Employees that may be exposed to hazards of machining wood, metal, plastic, or other materials.
	Welding, Cutting, & Brazing (7110)	All employees involved in welding, cutting, and brazing.
	Power Tools (7120)	Employees that routinely use powered hand tools.
	Chainsaw (7140)	Employees who use chainsaws.
	Lockout/Tagout (7210)	Employees who perform maintenance or repair on equipment with a hazardous energy source. (ex. electrical, mechanical, pneumatic, etc.)
	Powered Industrial Trucks: Online (7320) Practical (7321)	Employees who operate forklifts, tractors, platform lift trucks, motorized hand trucks or other trucks powered by internal combustion or electric motors.
	Fall Protection (7400)	Employees who work 4 or more feet above ground with exposed sides.
	Ladder Safety Online/In Class (7410)	Employees that routinely climb ladders, or who rarely climb ladders and need the training as a refresher.
	Excavation (7510)	Employees involved in all excavating or trenching.
	Telecommunications (7520)	Employees who work, install or operate telecommunication systems.
	Licensed Pesticide Applicator (4710)	Employees licensed by the state of North Carolina to apply pesticides.
	Pesticide Safety	Employees who handle or apply pesticides under a licensed applicator.
	Others (please list) (i.e. – Boomlift, backhoe, trash compactor, etc.)	

Assessment performed by: _____

Supervisor
Date

Note: Once completed, a copy of this form is to be returned to UNC-CH Environment, Health & Safety.

SECTION VI PPE HAZARD ASSESSMENT

CERTIFICATION OF HAZARD ASSESSMENT

Work Unit: _____ CB#: _____

Supervisor: _____ Phone: _____

Instructions:

1. Conduct a walk through survey of the work area to identify hazards for which head, eye, face, foot, and hand personal protective equipment (PPE) is required.
2. Identify specific work areas, materials, or chemicals in the space provided under "hazard".
3. In the space under "job" describe the work activity for which PPE is required.
4. Under "PPE Required" describe the specific PPE that is required (use the Personal Protective Equipment Selection Chart) when performing that work activity.
5. Sign and date the form. Send a copy to the Health and Safety Office, and provide each member of your work unit a copy.

Head Hazards

hazard	yes	no	job	PPE Required
working below others using tools or materials that could fall				
working on energized electrical equipment				
working under machinery where materials could fall				
other:				

Hand/Full Body Hazards

hazard	yes	no	job	PPE Required
chemicals (specify):				
burns				
cuts/ abrasions				
puncture				
other:				

Eye and Face Hazards

hazard	yes	no	job	PPE Required
chemicals (specify):				
chipping				
grinding				
sanding				
welding				
woodworking				
light/radiation				
other:				

Foot Hazards

hazard	yes	no	job	PPE Required
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handling materials that could be dropped				
chemicals (specify):				
puncture				
other:				

Signature of Supervisor

Date

Certificate of Personal Protective Equipment Training (Course 6000)

I have received a copy of the hazard assessment for my work unit and job tasks. I have been trained and understand the following PPE requirements:

YES OR NO

- | | |
|---|-------|
| 1. When PPE is necessary | _____ |
| 2. What PPE is necessary | _____ |
| 3. How to don, doff, adjust, and wear PPE | _____ |
| 4. Limitations of PPE | _____ |
| 5. Proper care, maintenance, useful life, and disposal of PPE | _____ |
| 6. I have demonstrated that I can properly use PPE | _____ |

I will require retraining in PPE when the following occurs:

1. Changes in the workplace render previous training obsolete
2. Changes in the types of PPE render previous training obsolete
3. Observed inadequacies in an employee's knowledge or use of assigned PPE indicate that the employee has not retained an understanding of PPE training

Note: Employees are not to perform work requiring the use of PPE prior to receiving training.

SUPERVISOR'S SIGNATURE _____ DATE _____

EMPLOYEE'S NAME (print) _____
_____ UNC One Card (PID #)

EMPLOYEE'S SIGNATURE _____ DATE _____

After reading and signing this document, copies are to be distributed to-

*employee

*supervisor

*Environment, Health and Safety Office, Training Coordinator, CB# 1650

SECTION VII JOB SAFETY ANALYSIS

Identify the most hazardous jobs or tasks in your shop and describe safety procedures and protective clothing and equipment required for those tasks. Refer to the "Industrial, Maintenance, and Construction Safety Manual", which provides general safety requirements.

Title of Job/Operation: _____ Date: _____

Position/Title(s) of Person(s) Who Does Job: _____

Name of Employee Observed: _____

Analysis Made By: _____ (Print Name) _____ (Signature)

Analysis Approved By: _____

[illegible]

SECTION VIII ENVIRONMENTAL / HAZARDOUS WASTE MANAGEMENT

A. LIDS, LABELS, AND LEAKS

1. Are all containers labeled as to contents?
2. Are containers of hazardous waste labeled with the words "Hazardous Waste" or with the container contents, such as "Paint Waste", "Waste Varsol" or "Used Aerosol Cans"?
3. Do all containers have lids securely in place?
4. Is secondary containment provided for glass containers of hazardous liquids?

B. RAGS, RESIDUES, AND RESIDUALS

1. Are written spill procedures available?
2. Are launderable rags used for cleaning residues of hazardous materials (oil-base paints, solvents, etc.)?
3. Are paper towels used for cleaning anything except water and/or oil?
4. Are partially used aerosol cans managed as hazardous waste and collected by EHS?
5. Are "empty" aerosol cans at atmospheric pressure before being discarded into ordinary trash?
6. Are leftover solvents, paints, cleaners, etc., managed as hazardous waste and collected by EHS?
7. Are containers of solvents, paints, cleaners, etc. "empty" (contain less than one-inch of residue and less than 3% of the volume) before being disposed in the ordinary trash?

C. METAL CHIPINGS & DRIPS (INCLUDING DROPS AND DRIBBLES)

1. Are metal filings, shavings, turnings, and solder dross collected for recycling?
2. Are drip pans used to catch incidental drops or are launderable rags used to wipe up such drips?
3. Is oil dry or other absorbent used to clean up liquids? What is done with used absorbent?

D. CONTRACT SERVICES

- | | |
|---|--------------------------------|
| 1. Do you have a rag laundry program? | If yes, name of laundry? _____ |
| 2. Do you have a uniform laundry program? | If yes, name of laundry? _____ |
| 3. Do you have a parts washer? | If yes, who services it? _____ |
| 4. Do you recycle used motor oil? | If yes, location/vendor? _____ |

E. Other Services Needed or Contracted

1. Do you have paints, solvents, cleaners, etc. that you no longer need, and would like to have removed?

2. Do you use antifreeze?

If yes, do you recycle it? _____

3. Do you recycle batteries?

If yes, who is the recycler? _____

SECTION IX RESPIRATOR USE.

A. RESPIRATOR USE QUESTIONS

1. Total number of respirators currently available in work unit for employee use: _____
2. If respirators are used, is one respirator assigned per employee? _____
3. Are you and/or any other employees required by statute, Health and Safety Office, and/or Supervisor to wear a respirator? _____
4. Do you and/or your employees have medical clearance (obtained a respiratory physical) to use a respirator(s)? _____
5. Have you and/or your employees received training on respirator use? _____
6. Has monitoring for specific respiratory hazards been performed? _____
 - a. If monitoring has been performed, then for what specific hazard(s)? _____
 - b. If monitoring has not been performed, are there specific hazard(s) for which you want monitoring to occur? _____

B. RESPIRATOR TYPE(s) (circle number)

1. Filtering Half-Face Respirator
 - a. Collection Media (circle) N P R
 - b. Collection Efficiency (circle) 95 99 100
2. Half-Face Respirator with dual cartridges
 - a. Type or Color of cartridges used: _____
3. Full-face Respirator with dual cartridges
 - a. Type or Color of cartridges used: _____
4. Powered Air Purifying Respirator (PAPR)
5. Self-Contained Breathing Apparatus (SCBA)
6. Loose Fitting (Hood or Helmet) Powered Air Purifying Respirator (PAPR)
7. Other(s) such as dust mask (list): _____

B. EMPLOYEE RESPIRATOR USE

Name of Employee	Code *	Hours Per Week	Type of Use ^	Task(s)	Hazard(s)

* - Code refers to the number(s) circled in the proceeding section (Respirator Type)

^ - Type of use refers to routine use, emergency use or both.

****A copy of the Hazards Management Plan is to be turned in to UNC Environment, Health & Safety.**