| **Section 2b** | | **Hazard Assessment Questionnaire** | | | |
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| **Form 1** | |
| **CONSTRUCTION AND BUILDING MAINTENANCE** | | | **N/A** | **YES** | **NO** |
| Does your employee(s) perform any of the following tasks: | | |
| 1 | Utility work, wiring, work on or near communications, computer, or other high-tech equipment, welding, plumbing, smithing, trenching, utility work, material handling, etc. | | | YES | NO |
| 2 | Renovation activities: ceiling, wall, or floor maintenance, repair, removal, or replacement. | | | YES | NO |
| 3 | Demolition activities: removal of structural supporting elements. | | | YES | NO |
| 4 | Hands and arms placed near exposed electrical wiring or components or perform work on equipment that requires energy isolation for maintenance (powering down, blocking, etc.), or manage/supervise anyone conducting such work. | | | YES | NO |
| 5 | Electrical maintenance; utility work; construction; wiring; work on or near communications, computer, or other high-tech equipment; arc or resistance welding; etc. | | | YES | NO |
| 6 | Arc or resistance welding. | | | YES | NO |
| 7 | Pouring molten metal, smithing, foundry work, casting, etc. | | | YES | NO |
| 8 | Pouring, mixing, painting, cleaning, syphoning, dip tank operations, etc. | | | YES | NO |
| 9 | Grain milling, spray painting, abrasive blasting. | | | YES | NO |
| 10 | Sawing, cutting, drilling, glazing, sanding, grinding, hammering, chopping, punch press operations, machining, etc. | | | YES | NO |
| 11 | Battery charging, installing fiberglass insulation, compressed air, or gas operations, etc. | | | YES | NO |
| 12 | Baking, cooking, drying, etc. | | | YES | NO |
| 13 | Grounds Keeping: sawing, cutting, grass cutting/trimming, etc. | | | YES | NO |
| 14 | Operates and uses chainsaws (telescopic/traditional, gas/electric), or manage/ supervise anyone conducting such work. | | | YES | NO |
| 15 | Operates heavy equipment: forklift, skid steer, scissor lift, bucket truck, etc. | | | YES | NO |
| 16 | Perform work on crane-based activities (including rigging material and equipment) or manage/supervise anyone conducting such work. | | | YES | NO |
| 17 | Perform work from elevated surfaces with an unprotected edge > 4' feet above the lower level (including roofs, scaffolds, ladders, etc.) or manage/supervise anyone conducting such work. | | | YES | NO |
| 18 | Workstations, work area, or traffic routes located under catwalks or conveyor belts, construction, trenching, utility work, etc. | | | YES | NO |
| 19 | Confined space operations (including manholes, steam tunnels, crawl spaces, excavations deeper than 4'), or manage/supervise anyone conducting such work. | | | YES | NO |
| 20 | Hot work permit operations. | | | YES | NO |
| 21 | Perform work that requires the use of a fire extinguisher (hole watch, fire watch), or manage/supervise anyone conducting such work. Conducts inspections of fire extinguishers. | | | YES | NO |
| 22 | Demolition, explosives manufacturing, abrasive blasting, etc. | | | YES | NO |
| 23 | Performs inspections or works at trench and excavation sites or manage/supervise anyone conducting such work. | | | YES | NO |
| 24 | Works with highly flammable materials. | | | YES | NO |
| 25 | Comes into contact with tools or materials that might scrape, bruise, or cut. | | | YES | NO |
| 26 | Handle chemicals that might irritate skin or come into contact with blood. | | | YES | NO |
| 27 | Work procedures require coming near extreme temperatures; bodies exposed to extreme cold/heat. | | | YES | NO |
| 28 | Exposed to irritating dust or chemical splashes. | | | YES | NO |
| 29 | Exposed to sharp or rough surfaces. | | | YES | NO |
| 30 | Exposed to acids or other hazardous substances? | | | YES | NO |
| 31 | Exposed to loud noise from machines, tools, music systems, etc.? | | | YES | NO |
| 32 | Exposed to noise exceeding 90 dBA during an 8-hour work period? | | | YES | NO |
| 33 | Employee(s) with documented hearing loss exposed to noise exceeding 85 dBA during an 8-hour work period? | | | YES | NO |
| 34 | Exposed to hazardous material, agent, or product at or above state/federal permissible exposure limit (PEL)? | | | YES | NO |
| 35 | Exposed or working in areas that contain or potentially contain asbestos, lead, or other regulated building materials? | | | YES | NO |
| 36 | Other (*specify*): | | | YES | NO |
| **Additional Comments:** | | | | | |
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