

HAZARD ASSESSMENT AND CONTROL REPORT FORM

Job/Position/Work Type: Digital Lab	Location of Work: W813	Date: 26/07/2019
Assessment completed by: Mary-Ar	nne McTrowe	Reviewed/Revised: Niall Donaghy 28/08/2022

Activity/Task	Description of				<u>\$</u>	Hierarchy of Hazard Controls					Severity	
(List all tasks and activities of the job/work)	Hazard Note: There may be more than one hazard associated with an	may be e hazard controls (OHS Code 2009, Part 2 section 9) Elimination/Substitution (E/S) if this not an option the following hierarchy		M	igh Ris	e Risk k	Makes you uncomfortable	Send you to hospital	Kills/cause a permanent disability 3			
	activity or task.	ססנ	rity (tal =	Мод	of controls is to be followed: • Engineering Controls (EC)			Unlikely 1	1	2	3
		Likelihood (L)	Severity	Risk Total	g (High, Moderate,	Administrative Controls (AC) Personal Protective Equipment (PPE)	Likelihood	Might Happen 2	2	4	6	
				_	Rating	()		 	Highly likely 3	3	6	9
Working alone in art space	Undertaking tasks that may cause injury without others to assist Sudden illness or medical emergency Violence	2	2	4	M o d	AC: AC: Orientation/training AC: Working Alone Policy – use https://www.uleth.ca/security/working-alone to sign in and sign out with Security whenever in the workspace alone AC: phone system – charged cell phone must be on person alone in the art space AC: encourage to use buddy system						
Cutting paper	Cuts, repetitive strain	2	2	4	M o d	AC: Orientation and Safe Work Practice Training AC: Training to remind staff/students of 15 minutes of cutting and 5 minute break cycle. ROM exercises. AC: Training to Faculty/Staff regarding First Aid protocol. Report injuries promptly to First aider/Supervisor in area, knowledge of first aid kit in area (and AED), Call Security 403.329.2345 and/or 911 for assistance if needed for more serious injuries. Online Incident reporting system						



HAZARD ASSESSMENT AND CONTROL REPORT FORM

Long periods of work	Eye strain, repetitive strain Stress Fatigue	2	2	4	M o d	EC: Adequate lighting in studio AC: Safe Work Practice Training AC: Training to remind staff/students of 15 minutes of repetitive task and 5 minute break cycle. ROM exercises. Counselling services
Computer monitor use	Eye strain, repetitive strain	1	2	2	L o w	EC: Adequate lighting in studio AC: Safe Work Practice Training AC: Training to remind staff/students of 15 minutes of work and 5 minute break cycle. ROM exercises.
Operation of 3D printer	Burns, pinch points	2	2	4	M o d	AC: follow manufacturer's instruction AC: Safe Work Practice Training AC: follow manufacturer's instruction, inspection/maintenance of equipment AC: Orientation and Safe Work Practice Training
Building Evacuation	Fire Violence Structural Collapse Hazardous Release	2	3	6	Н	AC: Orientation/training AC: Emergency Response Plans, Emergency Response Plan AC: Review of escape route, assembly points, and location of fire extinguishers/pull stations, first aiders/kits and AEDs AC: Call 911 when required, contact Campus Security at 403-329-2345

Working under unusual or unfamiliar circumstances	Psychosocial hazards -Stress/fatigue -anxiety	2	2	4	М	EC: punch code access, restricted access AC: restricted access approval and procedures, scheduled access, training, organizing and planning work, rotation of workers, list of emergency contact phone numbers, take regular breaks, rotating/modified work schedules
Campus awareness	-hazards associated property damage or maintenance required	2	2	4	М	AC: report property damage and/or maintenance, report to Security and Facilities Services.
WORKING ON CAMPUS	•					Please refer to UofL COVID 19 Hazard Assessment



				ПА	ZAK	D A55	ESSI	VIENI	AND	CON	IKUL	. KEP	UKIF	·UKIVI				
DURING A PANDEMIC																		
/\ \ / /	11.1	- 11	1 1	 - 0				10.00			1.0		1.1		4.1	6 11	201	

(When describing the controls to reduce the risk associated with each hazard the above hierarchy must be followed, with personal protective equipment as the last means of control)

By signing this form, you acknowledge that you understand the hazards and associated controls:

Supervisor's Name _____ Supervisor's Signature _____

Worker Name	Signature	Date