



## Hazard Awareness Form for FES In-House or Out-of-Area Service Tasks

DIRECTIONS: FOR SERVICE REPAIR AND TROUBLESHOOTING TASKS, THE SUPERVISOR OR ASSIGNED WORKER WITH THE HELP OF THE REQUESTOR SHALL PERFORM A SAFETY ASSESSMENT AND COMPLETE THE ITEMS BELOW FOR THE EQUIPMENT/WORK AREA BEFORE WORK BEGINS. THE WORKER SHALL NOT PERFORM THE REPAIR UNTIL CONCERNS ARE ADDRESSED AND NEEDED SAFETY PRECAUTIONS ARE TAKEN. PLEASE COMMENT ON PRECAUTIONS NEEDED FOR ANY "YES" ANSWERS. IF ANY OF THE ANSWERS BELOW ARE MARKED "YES", SEND A COPY OF THIS SHEET TO ESH&A.

**1) Work Area Concerns:**

- a. Confined space/limited egress Yes/No
- b. Temperature/humidity extremes Yes/No
- c. Other Yes/No

**3) Chemical, Biological & Radiological Concerns:**

- a. Suspected carcinogens/biological agents Yes/No
- b. MSDS needed and available Yes/No
- c. Radioactive material/sources (laser/x-ray) Yes/No
- d. PPE needed Yes/No
- e. Other Yes/No

**2) Electrical Concerns:**

- a. High voltage Yes/No
- b. Exposed wiring Yes/No
- c. LOTO needed Yes/No
- d. Non-NRTL equipment Yes/No
- e. PPE needed Yes/No
- f. Other Yes/No

**4) Mechanical Concerns:**

- a. Rotating parts or pinch points Yes/No
- b. Stored energy systems Yes/No
- c. LOTO needed Yes/No
- d. Pressurized system/pressure vessel Yes/No
- e. PPE needed Yes/No
- f. Other Yes/No

**Date hazard assessment performed:** \_\_\_\_\_ **Performed by (print):** \_\_\_\_\_

Item # \_\_\_\_\_ Comments: \_\_\_\_\_

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Item # \_\_\_\_\_ Comments: \_\_\_\_\_

**NOTE:** Form used to complete X-ray Barrier Safety System Maintenance. See 46200.005