

University of Alaska

Workplace Assessment Worksheet Questionnaire (Rev. 4/6/2009)

Building: _____
 Contact Name: _____
 Phone Number: _____
 Date: _____

Please identify the programs that are applicable to your department and return the questionnaire to Environmental Health Safety and Risk Management

Department Program Please describe existing department programs that address this requirement in the comments section.*

Program Name	Program Description	YES	NO	Comments	UAF	UAA	UAS	SW
Accident Prevention Signs & Tags	Does your department utilize signs to identify areas ie., where eye protection or hearing protection is required? Are accident prevention tags used to alert people to unexpected hazards?				O			
Abrasive Wheel Machinery and Tools	Does your department utilize fixed or portable abrasive wheel equipment?				O			
Aircraft Safety	Does your department perform operations or activities that involve the use or need of small aircraft or transportation of employees in small aircraft?							
Air compressors	Does your department utilize air compressors?				O			
Air quality	Does your department conduct activities that may impact air quality?				P			
Asbestos During Brake and Clutch Work	Does your department service equipment where there is a potential for exposure to asbestos fibers?				O			
Asbestos Awareness	Is asbestos present in the workplace?				P,M			
Asbestos Abatement Class I & II	Does your department abate (remove) asbestos materials?							
Asbestos Worker (minor removal & repair) Class III	Does your department remove ceiling tiles, work with or around asbestos materials?							