




Task Hazard Assessment Form

Task Name	Operating Scissor Lift
Department	HVAC
Supervisor	Kyle Brennan
Work Location	Central Steam Plant
Date of Assessment	10.10.2024

Hazard	Description
Physical Hazards (Check all that apply) <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Electrical Hazards <input checked="" type="checkbox"/> Fall from Heights <input checked="" type="checkbox"/> Falling Objects <input type="checkbox"/> Flying Particles <input type="checkbox"/> Noise <input type="checkbox"/> Sharp/Abrasive Objects <input checked="" type="checkbox"/> Struck by Objects <input type="checkbox"/> Slippery Surfaces <input type="checkbox"/> Sparks/Hot Particles <input type="checkbox"/> Temperature Extremes <input checked="" type="checkbox"/> Vehicular Traffic <input checked="" type="checkbox"/> Other (Please Describe): <u>Pinch/Crush Points</u>	Describe any applicable hazards ➤ Electricity from the scissor lift or from hanging wires, can lead to shocks ➤ Operating the scissor lift unsafely can lead to falls from heights ➤ Performing work on the scissor lift can cause falling objects (tools, materials, etc.) ➤ Operating the scissor lift can cause employees to strike objects or become wedged structures ➤ Operating the scissor lift outside poses a risk from vehicles ➤ Scissor lift has numerous pinch/crush points
Chemical Hazards (Check all that apply) <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Air/Water-Sensitive Substances <input type="checkbox"/> Flammable Liquids/Vapors <input type="checkbox"/> Irritants <input type="checkbox"/> Compressed Gases <input type="checkbox"/> Corrosive Substances <input type="checkbox"/> Radioactive Substances <input type="checkbox"/> Toxic Substances <input type="checkbox"/> Other (Please Describe): _____	Describe any applicable hazards
Biological Hazards (Check all that apply) <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Air-borne Pathogens <input type="checkbox"/> Biological Sharps <input type="checkbox"/> Blood and Bodily Fluids <input type="checkbox"/> Mold <input type="checkbox"/> Sewage <input type="checkbox"/> Other (Please Describe): _____	Describe any applicable hazards


Controls Methods	Task-Specific Controls
<p>Engineering Controls - Physical methods that reduce or prevent workers from coming into contact with hazards</p> <p><u>Examples (Not Exhaustive)</u></p> <ul style="list-style-type: none"> ▪ Carts/Dollies ▪ Emergency Shut-Offs ▪ Guardrails ▪ Hoists ▪ Machine Guards ▪ Pumps 	<p>List any engineering controls that are required to complete this task</p> <ul style="list-style-type: none"> ➤ Ensure the step ladder is present and secured prior to use ➤ Ensure emergency stop button is present and functional prior to use ➤ Do not attempt to ride the lift, unless all guardrails and chains are in place
	
<p>Administrative Controls – Work practices that reduce the duration, frequency, or intensity of exposure to hazards</p> <p><u>Examples (Not Exhaustive)</u></p> <ul style="list-style-type: none"> ▪ Buddy System ▪ Communication ▪ Limiting Access ▪ Rest Breaks ▪ Training 	<p>List any administrative controls that are required to complete this task</p> <ul style="list-style-type: none"> ➤ Only use the scissor lift if you have been trained in safe operation ➤ Visually inspect the lift prior to use ➤ Do not exceed the lift capacity, as set by the manufacturer ➤ Maintain 3 points of contact when entering/exiting the lift ➤ Do not place extremities near moving components of the lift ➤ Lower the lift when moving to a new location. If area is restricted, operate remotely from the ground ➤ Secure tools and other materials to avoid falling
<p>Personal Protective Equipment (PPE) - Equipment worn to minimize exposure to hazards</p> <p><u>Examples (Not Exhaustive)</u></p> <ul style="list-style-type: none"> ▪ Chemical Aprons ▪ Cut-Resistant Gloves ▪ Dust Suits ▪ Face Shields ▪ Safety Glasses 	<p>List any personal protective equipment that is required to complete this task</p> <ul style="list-style-type: none"> ➤ Hardhat ➤ Fall protection ➤ Standard work clothing (long pants, safety shoes) ➤ Any other applicable PPE, depending on task being performed (grinding, cutting, etc.)



Is a follow-up required?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Reason for follow-up		

Task Hazard Assessment Form Completed By

Name: _____ Mark Schuman _____

Signature: _____


Department: _____ Environmental Health and Safety _____

Date: _10/10/24_