

Project Proposal/Risk Assessment Form1. **PROJECT INFORMATION** *(All users complete)*

Project Title:	
Name of user:	Phone number:
Department:	Email address:
Location of work (166,171, 501, etc.):	Status (Senior Design, other lab projects.):
Project Description:	
Expected start date:	Expected end date:

2. **SAFETY DECLARATION** *(All users complete)***Please tick one or more of the following boxes:**

- This project involves the use of materials that pose a **chemical risk**.
- This project involves the use of samples that pose a **biological risk**.
- This project involves the use of samples that are or contain any other **very hazardous substances**.
- This project will require the use of **hand tools**

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- This project involves the use of **powered tools**.
- This project requires **welding, cutting, or grinding** of metals.
- This project requires the use of **hydraulic components or tools**.

3. FACILITY ACCESS INFORMATION *(All users complete)*

What rooms/areas will you need access to? (check all that apply): <input type="checkbox"/> 166 <input type="checkbox"/> 171 <input type="checkbox"/> 172 <input type="checkbox"/> 501 <input type="checkbox"/> N/A <input type="checkbox"/> Other area _____	
What Equipment access will be needed in these areas? (check all that apply):	
<p><u>Student used tools with minor/no supervision</u></p> <input type="checkbox"/> 3D Printers <input type="checkbox"/> Hand tools (sockets, wrenches, hammers, etc.) <input type="checkbox"/> Drill press <input type="checkbox"/> Band Saw <input type="checkbox"/> Powered Hand Tools <input type="checkbox"/> N/A	<p><u>Requires Supervision and/or assistance</u></p> <input type="checkbox"/> Metal Fabrication <input type="checkbox"/> Metal Welding, Cutting, and/or Grinding <input type="checkbox"/> Hydraulic Pipe Bender <input type="checkbox"/> Composite Materials and/or tools <input type="checkbox"/> N/A

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List any prior experience you have using any of the above-nominated equipment or techniques:

List any **PPE** required for using tools/equipment:

- | | |
|---|---|
| <input type="checkbox"/> Face Shield | <input type="checkbox"/> Gloves – Type: _____ |
| <input type="checkbox"/> Welding Hood/Googles | <input type="checkbox"/> Respirator – Type: _____ |
| <input type="checkbox"/> N/A | <input type="checkbox"/> Other: _____ |











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3. CHEMICAL/BIOLOGICAL SAFETY INFORMATION (To be completed if required)

Please provide a list of any materials (including quantity and form) being used for this project (do not forget to list solvents, Bondo, etc.): N/A

NOTE: Any hazardous materials used in this project must be disposed of properly according to UAB policies and procedures.

Provide a hazard summary for the chemicals listed above:

Not Hazardous <input type="checkbox"/>		Unknown Hazards <input type="checkbox"/>	
Hazardous (Details below)		GHS SIGNAL WORD	DANGER <input type="checkbox"/> WARNING <input type="checkbox"/>
Physical Hazards	 <input type="checkbox"/> Explosive	Health Hazards	 <input type="checkbox"/> Acute Toxicity
	 <input type="checkbox"/> Flammable		 <input type="checkbox"/> Chronic Health Hazard
	 <input type="checkbox"/> Oxidizer		 <input type="checkbox"/> Health Hazards
	 <input type="checkbox"/> Gases under pressure		 <input type="checkbox"/> Corrosive to skin/eyes
	 <input type="checkbox"/> Corrosive to metal	Env. Haz.	 <input type="checkbox"/> Environmental Hazard
Key GHS Hazard Statements:			
Other Known Hazards:			

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Where a chemical SDS exists, please supply a copy with this form (if possible). N/A

Describe the *control measures* and *spill responses* for the project. N/A

List any *PPE* required to handle the samples:

- | | |
|---|---|
| <input type="checkbox"/> Lab coat | <input type="checkbox"/> Gloves – Type: _____ |
| <input type="checkbox"/> Splash-proof goggles | <input type="checkbox"/> Respirator – Type: _____ |
| <input type="checkbox"/> N/A | <input type="checkbox"/> Other: _____ |

Email completed form to Engineering Safety officer: <mailto:grp-engsafety@uab365.onmicrosoft.com>
And a copy to the instructor of the lab or course.