HAZARD ANALYSIS

Work Plan Title: Lab A mezzanine rehab **Date:** 2-26-08
Prepared By: Tim Griffin
Reviewed By:(optional) _____
Approved By: _____
Supervisor/Task Manager

Description of work:
Remove mastic from concrete floor with Bean & Doo soy bean based mastic remover, mop up excess, paint with epoxy based concrete paint.

Personal Protective Equipment: (Check protective equipment required for the job.)

- ☑ Safety glasses
- ☐ Side shields
- ☐ Chemical splash goggles
- ☐ Hearing Protection
- ☐ Hard Hats
- ☐ 3.0 Braising goggles
- ☐ Impact goggles
- ☐ Face shield
- ☐ Rubber apron
- ☐ Leather gloves
- ☐ Hot/Cold thermal protective gloves
- ☐ Chemical resistant gloves (specify type):
- ☐ Respirators
- ☐ Other required PPE (specify):
- ☐ Fall protection equipment (specify):

Equipment required for the job: (List the tools needed to perform the job.)
long handled scrapers (ice scrapers), putty knife, push broom, mop, paint roller with broom handle

Work Plan History Information: (List any lessons learned accidents from this job, tips from previous jobs)
from previous jobs learned when applying anything with a paint roller you should be careful of splatter into eyes, also make sure there is proper ventilation

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Step	Description	Hazards	Precautions / Safety Procedures
1	Apply mastic remover	Splashing of remover into eyes	safety glasse
2	Scrapping of mastic off floor	repeditive motion / damage to shoulders + back	frequent breaks
3	mopping of floor	lifting of mop bucket to dump dirty water	Proper lifting procedures
4	apply of epoxy paint	fumes	proper ventilation: door is open, no windows installed, which allows
5			for ventilation into the whole of Lab A
6			
7			
8			
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(Use additional pages as needed.)

My supervisor has reviewed this hazard analysis with me and I understand the hazards and required precautionary actions. I will follow the requirements of this hazard analysis or notify my supervisor if I am unable to do so. I understand that there are Environmental, Safety and Health Professionals on staff if I need further assistance or clarification.

Name (please print)	Signature	Date