

**Wake Forest™**  
Baptist Health

**Personal Protective Equipment (PPE) Hazard Risk Assessment**

Lab Section: Cover Center Location: Cover Center Date: 7/7/20

For each task, bench or other work area, determine the physical, biological and chemical hazards. Identify and assign the appropriate PPE for each hazard. Complete a new assessment form if there are changes in workplace conditions, procedures or equipment that affect occupational hazards.

Task/Bench/Area: D1 Menhells

Hazard	Description
<input checked="" type="checkbox"/> Biological BBP	
<input type="checkbox"/> Eye/Face Splash	
<input type="checkbox"/> Respiratory	
<input type="checkbox"/> Skin Splash	
<input type="checkbox"/> Physical/Projectile	
<input type="checkbox"/> Electrical	
<input type="checkbox"/> Chemical	
<input type="checkbox"/> Other	
<input type="checkbox"/> None	
<b>PPE Required</b>	
<input checked="" type="checkbox"/> Lab Coat	
<input checked="" type="checkbox"/> Gloves	
<input type="checkbox"/> Safety Glasses/ Goggles	
<input type="checkbox"/> Mask	
<input type="checkbox"/> Face Shield - Stationary	
<input type="checkbox"/> Face Shield	
<input type="checkbox"/> Respirator	
<input type="checkbox"/> Hearing Protection	
<input type="checkbox"/> Hood	
<input type="checkbox"/> Other	
<input type="checkbox"/> PPE Not Required	
Comments:	

Task/Bench/Area: DxH / DxL

Hazard	Description
<input checked="" type="checkbox"/> Biological BBP	
<input checked="" type="checkbox"/> Eye/Face Splash	
<input type="checkbox"/> Respiratory	
<input checked="" type="checkbox"/> Skin Splash	
<input checked="" type="checkbox"/> Physical/Projectile	
<input type="checkbox"/> Electrical	
<input checked="" type="checkbox"/> Chemical	
<input type="checkbox"/> Other	
<input type="checkbox"/> None	
<b>PPE Required</b>	
<input checked="" type="checkbox"/> Lab Coat	
<input checked="" type="checkbox"/> Gloves	
<input type="checkbox"/> Safety Glasses/ Goggles	
<input type="checkbox"/> Mask	
<input type="checkbox"/> Face Shield - Stationary	
<input checked="" type="checkbox"/> Face Shield - <u>None</u>	
<input type="checkbox"/> Respirator	
<input type="checkbox"/> Hearing Protection	
<input type="checkbox"/> Hood	
<input type="checkbox"/> Other	
<input type="checkbox"/> PPE Not Required	
Comments:	

Task/Bench/Area: BM Collection

Hazard	Description
<input checked="" type="checkbox"/> Biological BBP	
<input checked="" type="checkbox"/> Eye/Face Splash	
<input checked="" type="checkbox"/> Respiratory	<u>114 MUCHE</u>
<input checked="" type="checkbox"/> Skin Splash	
<input type="checkbox"/> Physical/Projectile	
<input type="checkbox"/> Electrical	
<input checked="" type="checkbox"/> Chemical	
<input type="checkbox"/> Other	
<input type="checkbox"/> None	
<b>PPE Required</b>	
<input checked="" type="checkbox"/> Lab Coat	
<input checked="" type="checkbox"/> Gloves	
<input type="checkbox"/> Safety Glasses/ Goggles	
<input type="checkbox"/> Mask	
<input type="checkbox"/> Face Shield - Stationary	
<input checked="" type="checkbox"/> Face Shield	<u>114 MUCHE</u>
<input type="checkbox"/> Respirator	
<input type="checkbox"/> Hearing Protection	
<input type="checkbox"/> Hood	
<input type="checkbox"/> Other	
<input type="checkbox"/> PPE Not Required	
Comments:	

Task/Bench/Area: <i>Stups</i>	
Hazard	Description
<input checked="" type="checkbox"/> Biological BBP	
<input checked="" type="checkbox"/> Eye/Face Splash	<i>W Open tube</i>
<input checked="" type="checkbox"/> Respiratory	
<input checked="" type="checkbox"/> Skin Splash	
<input type="checkbox"/> Physical/Projectile	
<input type="checkbox"/> Electrical	
<input type="checkbox"/> Chemical	
<input type="checkbox"/> Other	
<input type="checkbox"/> None	
<b>PPE Required</b>	
<input checked="" type="checkbox"/> Lab Coat	
<input checked="" type="checkbox"/> Gloves	
<input type="checkbox"/> Safety Glasses/Goggles	
<input type="checkbox"/> Mask	
<input checked="" type="checkbox"/> Face Shield - Stationary	<i>W Open tubes</i>
<input type="checkbox"/> Respirator	
<input type="checkbox"/> Hearing Protection	
<input type="checkbox"/> Hood	
<input type="checkbox"/> Other	
<input type="checkbox"/> PPE Not Required	
Comments:	

Task/Bench/Area:	
Hazard	Description
<input type="checkbox"/> Biological BBP	
<input type="checkbox"/> Eye/Face Splash	
<input type="checkbox"/> Respiratory	
<input type="checkbox"/> Skin Splash	
<input type="checkbox"/> Physical/Projectile	
<input type="checkbox"/> Electrical	
<input type="checkbox"/> Chemical	
<input type="checkbox"/> Other	
<input type="checkbox"/> None	
<b>PPE Required</b>	
<input type="checkbox"/> Lab Coat	
<input type="checkbox"/> Gloves	
<input type="checkbox"/> Safety Glasses/Goggles	
<input type="checkbox"/> Mask	
<input type="checkbox"/> Face Shield - Stationary	
<input type="checkbox"/> Face Shield	
<input type="checkbox"/> Respirator	
<input type="checkbox"/> Hearing Protection	
<input type="checkbox"/> Hood	
<input type="checkbox"/> Other	
<input type="checkbox"/> PPE Not Required	
Comments:	

Task/Bench/Area:	
Hazard	Description
<input type="checkbox"/> Biological BBP	
<input type="checkbox"/> Eye/Face Splash	
<input type="checkbox"/> Respiratory	
<input type="checkbox"/> Skin Splash	
<input type="checkbox"/> Physical/Projectile	
<input type="checkbox"/> Electrical	
<input type="checkbox"/> Chemical	
<input type="checkbox"/> Other	
<input type="checkbox"/> None	
<b>PPE Required</b>	
<input type="checkbox"/> Lab Coat	
<input type="checkbox"/> Gloves	
<input type="checkbox"/> Safety Glasses/Goggles	
<input type="checkbox"/> Mask	
<input type="checkbox"/> Face Shield - Stationary	
<input type="checkbox"/> Face Shield	
<input type="checkbox"/> Respirator	
<input type="checkbox"/> Hearing Protection	
<input type="checkbox"/> Hood	
<input type="checkbox"/> Other	
<input type="checkbox"/> PPE Not Required	
Comments:	

# Wake Forest Baptist Health

## Personal Protective Equipment (PPE) Hazard Risk Assessment

Lab Section: Hematology

Location: South Bld, Main

Date: 7/1/2020

For each task, bench or other work area, determine the physical, biological and chemical hazards. Identify and assign the appropriate PPE for each hazard. Complete a new assessment form if there are changes in workplace conditions, procedures or equipment that affect occupational hazards.

**Task/Bench/Area:** Dye controls stain

Hazard	Description
<input checked="" type="checkbox"/> Biological BBP	
<input checked="" type="checkbox"/> Eye/Face Splash	
<input type="checkbox"/> Respiratory	
<input checked="" type="checkbox"/> Skin Splash	
<input type="checkbox"/> Physical/Projectile	
<input type="checkbox"/> Electrical	
<input checked="" type="checkbox"/> Chemical	
<input type="checkbox"/> Other	
<input type="checkbox"/> None	
<b>PPE Required</b>	
<input checked="" type="checkbox"/> Lab Coat	
<input checked="" type="checkbox"/> Gloves	
Safety Glasses/Goggles	
Mask	
Face Shield - Stationary	
<input checked="" type="checkbox"/> Face Shield	<u>WATERPROOF ONLY</u>
<input type="checkbox"/> Respirator	
Hearing Protection	
Hood	
Other	
PPE Not Required	
Comments:	

**Task/Bench/Area:** Urnalysis

Hazard	Description
<input checked="" type="checkbox"/> Biological BBP	
<input checked="" type="checkbox"/> Eye/Face Splash	
<input type="checkbox"/> Respiratory	
<input checked="" type="checkbox"/> Skin Splash	
<input type="checkbox"/> Physical/Projectile	
<input type="checkbox"/> Electrical	
<input checked="" type="checkbox"/> Chemical	
<input type="checkbox"/> Other	
<input type="checkbox"/> None	
<b>PPE Required</b>	
<input checked="" type="checkbox"/> Lab Coat	
<input checked="" type="checkbox"/> Gloves	
Safety Glasses/Goggles	
Mask	
<input checked="" type="checkbox"/> Face Shield - Stationary	<u>for alliquots</u>
<input checked="" type="checkbox"/> Face Shield	<u>for open samples</u>
<input type="checkbox"/> Respirator	
Hearing Protection	
Hood	
Other	
PPE Not Required	
Comments:	

**Task/Bench/Area:** Regulation

Hazard	Description
<input checked="" type="checkbox"/> Biological BBP	
<input checked="" type="checkbox"/> Eye/Face Splash	
<input type="checkbox"/> Respiratory	
<input checked="" type="checkbox"/> Skin Splash	
<input type="checkbox"/> Physical/Projectile	
<input type="checkbox"/> Electrical	
<input checked="" type="checkbox"/> Chemical	<u>dilute bleach</u>
<input type="checkbox"/> Other	
<input type="checkbox"/> None	
<b>PPE Required</b>	
<input checked="" type="checkbox"/> Lab Coat	
<input checked="" type="checkbox"/> Gloves	
Safety Glasses/Goggles	
Mask	
Face Shield - Stationary	
<input checked="" type="checkbox"/> Face Shield	<u>Open samples</u>
<input type="checkbox"/> Respirator	
Hearing Protection	
Hood	
Other	
PPE Not Required	
Comments:	<u>Need to purchase PPE for benches</u>

Task/Bench/Area:	
Bm Mammal Collection	
Hazard	Description
<input checked="" type="checkbox"/> Biological BBP	
<input checked="" type="checkbox"/> Eye/Face Splash	
<input checked="" type="checkbox"/> Respiratory	AP 1 <sup>st</sup> indicated
<input checked="" type="checkbox"/> Skin Splash	
<input type="checkbox"/> Physical/Projectile	
<input type="checkbox"/> Electrical	
<input checked="" type="checkbox"/> Chemical	
<input type="checkbox"/> Other	
<input type="checkbox"/> None	
<b>PPE Required</b>	
<input checked="" type="checkbox"/> Lab Coat	
<input checked="" type="checkbox"/> Gloves	
<input type="checkbox"/> Safety Glasses/Goggles	
<input type="checkbox"/> Mask	
<input type="checkbox"/> Face Shield - Stationary	
<input checked="" type="checkbox"/> Face Shield	
<input type="checkbox"/> Respirator	O 1 <sup>st</sup> indicated
<input type="checkbox"/> Hearing Protection	
<input type="checkbox"/> Hood	
<input type="checkbox"/> Other	
<input type="checkbox"/> PPE Not Required	
Comments: Respiratory required	
Based on pathogen indicated.	

Task/Bench/Area:	
Bm Mammal Allentown	
Hazard	Description
<input checked="" type="checkbox"/> Biological BBP	
<input type="checkbox"/> Eye/Face Splash	
<input type="checkbox"/> Respiratory	
<input type="checkbox"/> Skin Splash	
<input type="checkbox"/> Physical/Projectile	
<input type="checkbox"/> Electrical	
<input type="checkbox"/> Chemical	
<input type="checkbox"/> Other	
<input type="checkbox"/> None	
<b>PPE Required</b>	
<input type="checkbox"/> Lab Coat	
<input checked="" type="checkbox"/> Gloves	
<input type="checkbox"/> Safety Glasses/Goggles	
<input type="checkbox"/> Mask	
<input type="checkbox"/> Face Shield - Stationary	
<input type="checkbox"/> Face Shield	
<input type="checkbox"/> Respirator	
<input type="checkbox"/> Hearing Protection	
<input type="checkbox"/> Hood	
<input type="checkbox"/> Other	
<input type="checkbox"/> PPE Not Required	
Comments:	

Task/Bench/Area:	
Bm Mammal Deerling	
Hazard	Description
<input checked="" type="checkbox"/> Biological BBP	
<input checked="" type="checkbox"/> Eye/Face Splash	
<input checked="" type="checkbox"/> Respiratory	
<input checked="" type="checkbox"/> Skin Splash	
<input type="checkbox"/> Physical/Projectile	
<input type="checkbox"/> Electrical	
<input checked="" type="checkbox"/> Chemical	
<input type="checkbox"/> Other	
<input type="checkbox"/> None	
<b>PPE Required</b>	
<input checked="" type="checkbox"/> Lab Coat	
<input checked="" type="checkbox"/> Gloves	
<input type="checkbox"/> Safety Glasses/Goggles	
<input type="checkbox"/> Mask	
<input checked="" type="checkbox"/> Face Shield - Stationary	
<input type="checkbox"/> Face Shield	
<input type="checkbox"/> Respirator	
<input type="checkbox"/> Hearing Protection	
<input checked="" type="checkbox"/> Hood	
<input type="checkbox"/> Other	
<input type="checkbox"/> PPE Not Required	
Comments: All covered	
Always bottle for gallon	
WRS.	

1/27/19

Task/Bench/Area: <i>Mixed Fluids</i>	
Hazard	Description
<input checked="" type="checkbox"/> Biological BBP	
<input checked="" type="checkbox"/> Eye/Face Splash	
<input checked="" type="checkbox"/> Respiratory <i>ADG</i>	
<input checked="" type="checkbox"/> Skin Splash	
Physical/Projectile	
Electrical	
<input checked="" type="checkbox"/> Chemical	
Other	
None	
<b>PPE Required</b>	
<input checked="" type="checkbox"/> Lab Coat	
<input checked="" type="checkbox"/> Gloves	
Safety Glasses/Goggles	
Mask	
<input checked="" type="checkbox"/> Face Shield - Stationary <i>IS</i>	
<input checked="" type="checkbox"/> Face Shield	
Respirator	
Hearing Protection	
Hood	
Other	
PPE Not Required	
Comments:	

Task/Bench/Area: <i>Flow cytometry</i>	
Hazard	Description
<input checked="" type="checkbox"/> Biological BBP	
<input checked="" type="checkbox"/> Eye/Face Splash	
Respiratory	
<input checked="" type="checkbox"/> Skin Splash	
Physical/Projectile	
Electrical	
<input checked="" type="checkbox"/> Chemical	
Other	
None	
<b>PPE Required</b>	
<input checked="" type="checkbox"/> Lab Coat	
<input checked="" type="checkbox"/> Gloves	
Safety Glasses/Goggles	
Mask	
<input checked="" type="checkbox"/> Face Shield - Stationary <i>IS</i>	
<input checked="" type="checkbox"/> Face Shield	
Respirator	
Hearing Protection	
<input checked="" type="checkbox"/> Hood <i>ADG</i>	
Other	
PPE Not Required	
Comments:	

Task/Bench/Area: <i>USC Automation</i>	
Hazard	Description
<input checked="" type="checkbox"/> Biological BBP	
<input checked="" type="checkbox"/> Eye/Face Splash	
Respiratory	
<input checked="" type="checkbox"/> Skin Splash	
Physical/Projectile	
Electrical	
<input checked="" type="checkbox"/> Chemical	
Other	
None	
<b>PPE Required</b>	
<input checked="" type="checkbox"/> Lab Coat	
<input checked="" type="checkbox"/> Gloves	
Safety Glasses/Goggles	
Mask	
Face Shield - Stationary	
<input checked="" type="checkbox"/> Face Shield <i>MASK</i>	
Respirator	
Hearing Protection	
Hood	
Other	
PPE Not Required	
Comments:	

Task/Bench/Area: <i>HOME ANALYSIS</i>	
Hazard	Description
<input checked="" type="checkbox"/> Biological BBP	
<input checked="" type="checkbox"/> Eye/Face Splash	
Respiratory	
<input checked="" type="checkbox"/> Skin Splash	
<input checked="" type="checkbox"/> Physical/Projectile	<i>also dust</i>
<input checked="" type="checkbox"/> Electrical	
<input checked="" type="checkbox"/> Chemical	
Other	
None	
<b>PPE Required</b>	
<input checked="" type="checkbox"/> Lab Coat	
<input checked="" type="checkbox"/> Gloves	
Safety Glasses/Goggles	
Mask	
Face Shield - Stationary	
<input checked="" type="checkbox"/> Face Shield	
Respirator	
Hearing Protection	
Hood	
Other	
PPE Not Required	
Comments: <i>Need to enter face shield when cleaning glass dust.</i>	

Task/Bench/Area: <i>HOME SETUP</i>	
Hazard	Description
<input checked="" type="checkbox"/> Biological BBP	
<input checked="" type="checkbox"/> Eye/Face Splash	
Respiratory	
<input checked="" type="checkbox"/> Skin Splash	
Physical/Projectile	
Electrical	
<input checked="" type="checkbox"/> Chemical	
Other	
None	
<b>PPE Required</b>	
<input checked="" type="checkbox"/> Lab Coat	
<input checked="" type="checkbox"/> Gloves	
Safety Glasses/Goggles	
Mask	
Face Shield - Stationary	<i>or</i>
<input checked="" type="checkbox"/> Face Shield	
Respirator	
Hearing Protection	
Hood	
Other	
PPE Not Required	
Comments:	

Task/Bench/Area: <i>DIVERSIONALS</i>	
Hazard	Description
<input checked="" type="checkbox"/> Biological BBP	
<input checked="" type="checkbox"/> Eye/Face Splash <i>(G)</i>	<i>NO 7/12/22 (G)</i>
Respiratory	
Skin Splash	
Physical/Projectile	
Electrical	
Chemical	
Other	
None	
<b>PPE Required</b>	
<input checked="" type="checkbox"/> Lab Coat	
<input checked="" type="checkbox"/> Gloves	
Safety Glasses/Goggles	
Mask	
Face Shield - Stationary	
Face Shield	
Respirator	
Hearing Protection	
Hood	
Other	
PPE Not Required	
Comments:	