

RISK CRITERIA ASSESSMENT

This checklist may be used to identify unsafe exposures in facilities/locations where students may be required to work, study or perform research activities and also to document safety measures in place to protect students from exposure.

Organization Name:			
Equipment		Y/N or N/A	If yes, please specify what protective measures are in place.
Hand tools and equipment	Will the student be working with hand tools or equipment? (e.g. hammer, screwdriver, blades)		
Portable power tools and equipment	Will the student be working with portable power tools or equipment? If yes, has hearing protection been provided? (e.g. drill, jig saw, rotary tools)		
Mobile equipment	Will the student be working with or near mobile equipment? If the student will be utilizing mobile equipment, will training be required and/or provided? (e.g. forklift, pallet truck)		
Stationary power machines	Will the student be operating stationary power machines? (e.g. drill press, band saw, table saw)		
Electrical	Will the student be exposed to any electrical hazards in the workplace? (e.g. electrical panels, lighting, electrical wiring)		
Compression	Will the student be working with anything under compression, such as compressed gases or gas cylinders?		
Pressure systems	Will the student be working in proximity to pressure pipes or steam boilers?		
Human Factors		Y/N or N/A	If yes, please specify what protective measures are in place
Harassment	Is there a policy on harassment that will be provided to the student?		
Violence	Is there a policy on workplace violence that will be provided to the student?		
	Has the risk of workplace violence been assessed as required by the OHSA (s. 32.0.3)?		
	Are there situations where the student could be exposed to violence? Could the student become a subject of violence?		
Working alone	Will the student be working alone? (e.g. working alone in an office or building)		
Shift work	Will the student be working shifts? (e.g. working an irregular work schedule)		
Computer Use	Will the student be working at a computer for the majority of a typical work day?		
Work stress	Will there be a high level of stress in the student's work? (e.g. work requiring constant alertness for long periods of time, such as a security monitor, or work with high levels of emotional stress such as working in an Emergency Room)		

Musculoskeletal Disorders (e.g. Lifting, Repetitive Actions)	Will the student be using the same muscles over and over again or for a long time without taking time to rest, exerting high amounts of force and/or required to work in an awkward posture?		
General Housekeeping	Will the student work in uncluttered workspace with minimal distractions? (e.g. tidy work area)		
Entrances, exits and stairways	Will the student encounter passageways, entrances, exits (especially fire) or stairways that are not clearly marked or clear of obstructions?		
Working at Heights	Is the student going to be working at elevation that they may be susceptible to falling from? If so, is adequate fall protection equipment provided/required?		
Chemical substances	Will the student use or be exposed to flammable, corrosive, toxic or reactive chemicals? (e.g. acetone, nitric acid, toluene, mineral spirits)		
Biological substances	Will the student have contact with any harmful microorganisms?		
Radiation	Will the student be exposed to harmful radiation? (e.g. x-rays, lasers)		
Restricted spaces	Will the student be in proximity to or working in restricted space, trenches or confined spaces? (e.g. man hole, silo)		
Hot materials or surfaces	Will the student have contact with hot materials or surfaces? (e.g. stove, soldering iron, torch, forging materials, welding materials)		
Ultraviolet light (Sunlight)	Will the student spend any time working in the sun? If so, for what duration?		
Temperature	Will the student work in very cold or hot conditions? (e.g. outdoors, kilns, refrigerated areas)		
Noise	Will the student be exposed to excessive noise in the work environment of 85 decibels or greater?		
Air quality	Will the student be exposed to excessive dust, fumes or gases? (e.g. welding fumes, carbon monoxide)		
Other (attach additional sheet if necessary)			
Completed by:		Signature:	Date:

Please return to Work Study Coordinator at wkstudy@queensu.ca