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| --- | --- | --- |
| **Incident Risk Assessment Worksheet** | **1. Incident/Activity Name****Warehouse Work** | **2. Location**   |
| **Identification of Hazards and** **Risk Assessment** |  **3. Name and Title of Analyst**  | **4. Date**  |
| **5. Pre-Mitigation** | **6. Mitigation or Abatement Action**(Engineering, Administrative, PPE, Avoidance, Education, etc) | **7. Post-Mitigation** |
| **8. Hazard** | 9.Hazard Probability | **10. Severity Code** | **11.** **RAC** |  | 12. Hazard Probability | 13. Severity**Code** | 14. RAC | 15. Acceptable**Yes/No** |
|  Materials Handling | 1(a)  | 1 | 1(a)1 | * Wear the appropriate and required Personal Protective Equipment (PPE) to minimize the chance of injury due to falling objects, debris on floor
* Refer to MSDS information on proper handlings, storage, and labeling
* Ensure eye wash station is located in warehouse area
* Use proper lifting techniques
* Wear appropriate PPE
* Back support
* Gloves
* Mask
* Non-slip shoes or boots
* Hard hat (if required)
* Eye protection
 |   |   |   |   |
|  Equipment Operations |   |   |   | * Ensure personnel are trained and certified to use equipment
 |   |   |   |   |
| Forklift Operations |   |   |   | * Complete required training for the safe operations of forklifts and other material moving devices
* Follow all maintenance and operation recommendations by manufacturer
* Ensure all safety placards are in place on all equipment using gas, or other chemicals
 |   |   |   |   |
| **Hazard** | Hazard Probability | **Severity Code** | **RAC** | **Mitigation or Abatement Action**(Engineering, Administrative, PPE, Avoidance, Education, etc) |  Hazard Probability |  Severity**Code** |  RAC | Acceptable**Yes/No** |
|  Forklift Operations |   |   |   | * Restrict access to areas where equipment and personnel are working
* Wear appropriate PPE
* Secure all loads before moving
* No unauthorized transport of personnel in cab or on load
* No more than 5 mph inside of warehouse area
* Use spotter when backing, if alone always get off forklift and check before beginning back-up operations
 |   |   |   |   |
|  Climbing Stairs &Ladders |   |   |   | * Ensure ladders meet weight limits as shown on safety placard on side of all ladders
* Never exceed height limit as described on safety placard on ladder
* Ensure rubber stops on bottom of ladder are level, and secured to limit slippage, movement of ladder.
* Use spotter when using an extension ladder and never exceed height limit
* Secure equipment on ladder as per manufacturer recommendations
* Inspect all ladders prior to use in any situation
* Follow Agency/local unit training
* Use handrails when climbing or descending stairs
* Never carry > 40-50 lbs when climbing stairs
* Ensure stairs have non-slip coating to limit slippage
 |   |   |   |   |
| **Hazard** | Hazard Probability | **Severity Code** | **RAC** | **Mitigation or Abatement Action**(Engineering, Administrative, PPE, Avoidance, Education, etc) |  Hazard Probability |  Severity**Code** |  RAC | Acceptable**Yes/No** |
| Hand Tools&Shop Equipment |   |  |  | * Ensure personnel have training on the use of all shop/warehouse equipment
* Always wear appropriate PPE as recommended by manufacturer’s instructions
* Never exceed equipment capability, and use right tool for the task
* Follow all manufacturer’s instructions for grounding electrical equipment
* Follow all OSHA requirements for confined space, lock-out/tag-out, and
* Ensure tools are sharp and in good working order, and have protective sheaths
* Wear gloves to limit cuts, and exposure to chemicals
 |   |   |   |   |
| Hantavirus |   |  |  | * Assume all droppings and nests are contaminated
* Use spring loaded traps, do not use poison
* Use bleach or disinfectant before handling or working in possibly contanminated areas
* Remove trapped rodent using rubber gloves
* Open windows and doors from outside, wear respirators, wear disposable shoe covers, rubber/plastic gloves and goggles when working in possible contaminated areas
* Wash clothing in hot water promptly, clean PPE with bleach solution or lysol,
* Be aware of symptoms, i.e. Flu like illness, fever, nausea, headache, muscle ache, cough, muscle ache. Advanced sysmptoms include acute respiratory distress get medical attention immediately
 |   |   |   |   |
| Hazard | Hazard Probability | **Severity Code** | **RAC** | Mitigation or Abatement Action(Engineering, Administrative, PPE, Avoidance, Education, etc) |  Hazard Probability |  SeverityCode |  RAC | AcceptableYes/No |
| Hantavirus  |   |  |  | * Contact Environmental Quality Specialist or local DEQ if contaminated or need more information
* Contact a certified exterminator if outbreak is suspected
* Isolate area until suspected outbreak has been contained
* If suspected contamination of individual use decontamination procedures outlined above prior to leaving area, and dispose of clothing appropriately as recommended by CDC
 |   |   |   |   |
| HAZMAT |   |  |  | * Follow all MSDS recommendations for placarding, isolation, and storage
* Wear appropritate PPE as prescribed by manufacturer when handling
* Follow all decontamination and isolation procedures as prescribed
* Dispose of HAZMAT as prescribed by manufacturer
* Dispose of all HAZMAT past expiration date on material
* Never mix chemicals without checing MSDS or following manufacturers instructions
* Use qualified professionals to clean up all spills and contamination
* Follow local/National DEQ policy on disposal and clean-up of spills
* Use placards for transport of HAZMAT as per DOT regulations
* Ensure emergency plan is known by all personnel working in or near HAZMAT
 |   |   |   |   |
| Hazard | Hazard Probability | **Severity Code** | **RAC** | Mitigation or Abatement Action(Engineering, Administrative, PPE, Avoidance, Education, etc) |  Hazard Probability |  SeverityCode |  RAC | AcceptableYes/No |
|   |   |  |  |  |   |   |   |   |

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| **MEDICAL PLAN** | Project Name  | Date Prepared  | Name of Preparer  |    |
|  Transportation |
|  Ambulance Services |
| Name | Address | Phone |  Paramedics Yes No |
|   |   |  |   |     |
|   |   |  |   |  |
|   |   |  |   |  |
|  Hospitals |
| Name | Location |  Travel Time Air Ground | Phone |  Helipad Yes No |  Burn Center Yes No |
|   |   |   |   |   |   |     |     |   |
|  |  |   |   |   |   |     |  |   |
|   |   |   |   |   |   |  |   |  |
|  Medical Emergency Procedures |
| **Provide detailed Emergency Medical Procedure for project (Refer to instructions to complete)** |

**Instructions for Completion of Emergency Medical Procedures**

As appropriate the following information should be included in the emergency medical procedures for any staffed project or incident location. The plan must be reviewed and approved by the Agency Administrator.

* Include timeframes (ETEs and ETAs) from and to specific locations
* Include GPS coordinates for key locations such as remote camps, project areas, helispots, etc.
* List all potential evacuation resources and/or equipment that could be used for medical emergency
* Identify other resources and/or equipment (types, capabilities, availability) not assigned to Unit/Agency but possibly available if requested
* Identify contingencies (alternate plan or procedure if the preferred option becomes unavailable or identified resources cannot perform the mission)
* Identify specific concerns by location
* Identify environmental influences or factors and resource status changes that might keep the preferred option from working
* Use the Risk Assessment Worksheet to mitigate lengthy travel times to access Advanced Life Support
* If the primary evacuation plan is to use aviation, then a secondary plan should be identified including time frames for patient extraction

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| **The emergency medical procedures must be communicated to all personnel assigned to the project.** **RA and Emergency Medical Procedures Acknowledgment** |
| We, the undersigned work leader and crew members, acknowledge participation in the discussion of this RA and accompanying emergency medical procedures. We have thoroughly discussed and understand the provisions of each of these documents:Date: |

 Signature Signature