

**APPENDIX 1
PROJECT/FACILITY SAFETY REVIEW QUESTIONNAIRE**

Project Name: _____ 0
Sponsoring Agency: _____ 0
PI or Project Leader: _____ 0 Project No. _____

1 Which best describes this project/facility (number in sequence if more than one applies)?
 computation or theory hardware design, fabrication, or testing
 experimental work at LBL off-site work (where?) _____ (Safety Plan Required)
(Computation or theory check ergo in item 6)

2 Staffing (FTE): Div. Staff _____ GSRA's _____ Other LBL (matrixed) _____
Guests _____

3 What building(s) and room(s) does this project/facility occupy? _____

4 Does this project/facility need/have Activity Hazard Document? yes no don't know
Radiological Work Authorization? yes no don't know
Sealed Source Authorizations ? yes no don't know
General License Authorization? yes no don't know
Laser Authorization? yes no don't know
Biosafety Authorization? yes no don't know
X-Ray Authorization? yes no don't know

5 Does this project currently have other Safety Documents, or Environmental Permits?
 yes no don't know

6 Which of the following hazards apply to this project? (check all that apply):
 Compressed gas
 Chemical hazards (e.g. toxic, carcinogenic, caustic, explosive)
 Electrical (including stored energy)
 Fire (flammability) hazards
 Radiation hazards (sealed sources, isotopes, X-ray sources, work at accelerators)
 High voltage or High current (add description) _____
 High pressure gas or fluid (? 150 psi gas, ? 1500 psi liquid)
 Laser (class 3 or 4)
 High or low temperatures (e.g. heated device or cryogenic fluid)
 Heavy objects (requiring crane or other moving equipment)
 High power RF fields (add field strength) _____
 Possible oxygen deficiency or confined space
 Bio-hazards (BSL 2, 3, or 4)
 Possible Environmental Impacts
 Ergonomics (e.g. VDT's, extensive keyboard use, back injury hazards)
PLEASE ANSWER #7 as related to this project
 Personal Protection Equipment (e.g. ear protectors, respirators, gloves)
 Work from heights

7 Give a short listing of safety measures taken to reduce the risks associated with the hazards indicated in #6 above (e.g. interlocks, gas detectors, safety reviews, training, etc.).

8 Name of designated safety contact person for the project/facility? _____

9 Will this project generate hazardous waste? yes no

10 If hazardous waste will be generated, provide the following information:
Type of waste: _____ Annual Amount: _____
Location of SAA (Building & Room): _____

Signature of Project Leader: _____ Date: _____

Division Safety Coordinator: _____ Date: _____

Referred/Reviewed by EH&S Professionals _____ Date: _____
(as applicable)