



CF+S
Campus Facilities
+ Sustainability

CFS-PR-1006

PROJECT RISK ASSESSMENT FORM

Construction / Renovation Projects *(To be completed by Contractor & Submitted Prior to Project Start-up)*

☐ Renovation/ Alteration ☐ New Construction ☐ other (specify) _____

Project Name: _____ Project No.: _____

Associated Department(s) _____

Project Coordinator: _____ Extension: _____

Start Date: _____ Completion Date: _____

Project Location: _____

Project Description: _____

Services of departments required for completion of project (check all that apply)

☐ Ancillary Services ☐ Campus Planning ☐ Plant Operations ☐ Security
☐ Campus Services ☐ Receiving ☐ Municipal ☐ CCS
☐ Other _____

Affect of project on other Ryerson departments

☐ Department (name) _____ ☐ Students ☐ Faculty

Description _____

Utilities required for the project

☐ Natural gas ☐ Propane ☐ Compressed Air ☐ Vacuum
☐ Water ☐ Steam ☐ Hydro/Electrical ☐ Other _____

Equipment Serviced by these utilities

☐ Torches ☐ Fumehoods ☐ Other _____

Hazardous Materials Inventory

☐ Adhesives ☐ Paint ☐ Finishes (off gas) ☐ Solvents
☐ Epoxy coatings ☐ Asbestos ☐ Chemicals

Equipment Inventory

☐ Power Tools ☐ Powder-Actuated Tools ☐ Scaffolding ☐ Ladders
☐ Cutting machinery ☐ Diagnostic Equipment ☐ Rigging Devices ☐ X-ray equipment
☐ Storage Tanks ☐ Lift Devices ☐ Mobile Machinery ☐ Other _____

List Permits / Special licensing requirements required for this project

☐ Building Permit ☐ Hot Work Permit ☐ Red Tag Permit ☐ Hydro Inspection
☐ Fire Alarm Verification ☐ Other _____
☐ Hazardous Waste Removal (describe) _____

System shutdown requests required for this project (System Shutdown Request Application to be submitted accordingly)

☐ Sprinkler Drain Down ☐ Verifications / Mag locks ☐ Heating Water Shutdown ☐ Fire Standpipe Drain down
☐ Bypass Smoke Zones ☐ Fan System Shutdown ☐ Chilled Water Shutdown ☐ Bypass Pull Stations
☐ Fire Alarm Speakers ☐ Steam Shutdown ☐ Natural Gas Shutdown ☐ Domestic Water Shutdown

☐ Electrical Panel ☐ Other _____

Products produced from the work activities

☐ Chemical ☐ Emissions ☐ Waste (type)

Special disposal requirements for this project _____

Associated Hazards & Control Measures (check and describe control methods planned to use for each)

- ☐ Noise (above 85 dBA) _____
☐ Radiation / X-ray _____
☐ Heat / Cold _____
☐ Vibration _____

Associated Hazards & Control Measures (check and describe control methods planned to use for each) *cont'd*

- ☐ Excessive Weight (floor loading) _____
☐ Pressure Vessels (compressed air / gas) _____
☐ Flammable & Combustible Material _____
☐ Oxidizing Material _____
☐ Materials Causing Immediate Toxic Effects _____
☐ Materials Causing Other Toxic Effects _____
☐ Corrosive Materials _____
☐ Dangerously Reactive Material _____
☐ Designated Substances _____
☐ Asbestos _____
☐ Other _____

Hazard Communication

Do all of the chemicals being used for this project have Material Safety Data Sheets (MSDS) sheets available?

Yes ☐ No ☐ Where will they be located? _____

Have all members associated with the project reviewed the MSDS sheets ?

Yes ☐ No ☐ If no, state date completed by _____

Are emergency procedures for fire, chemical spill, injury etc. in place? (*posted at project site*)

☐ Emergency Response Planning & Procedures ☐ Review Exiting Requirements

Personal Protective Equipment (PPE) required for the project:

☐ Head Protection ☐ Foot Protection ☐ Eye protection ☐ Hearing Protection
☐ Hand / Skin Protection ☐ Respiratory Protection ☐ Fall Protection

Describe local exhaust or general ventilation requirements used _____

List emergency response equipment on site

☐ Eyewash ☐ First Aid Kit ☐ Spill Control Kit ☐ Fire Extinguisher
☐ Other _____

Project Authorization

I, _____ (Contractor), am aware of the possible / potential hazards and have taken all reasonable precautions necessary to control the associated hazards related to this proposed activity. I have orientated my staff on these hazards and necessary control measures, and ensured their competency to work in a healthy and safe manner. I have obtained the necessary licenses and permits, and have been given the necessary training. I have, or am in the process of forwarding all necessary documentation, including Material Safety Data Sheets and licenses, to the Campus Facilities & Sustainability Office.

Signature: _____ Date: _____
(Contractor)

Name of Firm: _____

Received by:

Signature: _____ Date: _____
(Project Coordinator)