

HYPER Initial Project Safety Sheet (Required Prior to Activity)

Activity Title: _____

Person(s) Involved: _____

Activity Duration: _____

Mandatory for any projects in the lab:

- Closed toed shoes
- Pants
- Restrain loose hair, clothing, jewelry
- Safety glasses or face shield
- Partner in the lab

Block System Diagram: Sketch your system in the space below and complete the table according to your sketch.

| Block | Energy Flow | Assumptions |
|--|--|--|
| Each block of a system has a unique function and purpose. This sheet is designed for systems of no more than 3 blocks. | The types of energy flowing between blocks (eg. Electrical, mechanical, kinetic/potential, thermal, fluid power, chemical) | List the assumptions made about the block and energy flow. |
| | 1 | |
| | 2 | |
| | 3 | |
| | 4 | |
| | 5 | |
| | 6 | |

Risk Assessment Matrix: Score each energy flow in the following table. For definitions and additional instructions see <https://hydrogen.wsu.edu/safety-101/>

| | | Frequency | | | | | Key (SxF) | |
|----------|------------------|--------------------|--------------|----------------|------------|----------------------|-----------|----------|
| | | Almost Certain (9) | Probable (7) | Occasional (5) | Remote (3) | Extremely Remote (1) | | |
| Severity | Catastrophic (9) | High | High | High | Moderate | Moderate | Risk | Value |
| | Critical (7) | High | High | Moderate | Moderate | Low | High | >45 |
| | Substantial (5) | High | Moderate | Moderate | Low | Low | Moderate | 10 to 45 |
| | Marginal (3) | Moderate | Moderate | Low | Low | Routine | Low | 5 to 9 |
| | Negligible (1) | Moderate | Low | Low | Routine | Routine | Routine | <5 |

| | Severity | Frequency | Total |
|---|----------|-----------|-------|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |
| 6 | | | |

My combined risk value is...

- Less than 10 —————> Complete this document
- Between 10 and 25 —————> Complete trainings: <https://hydrogen.wsu.edu/safety-101/>
- Greater than 25 —————> Complete trainings and more formal safety plan

By checking the following boxes, I verify that I have evaluated the issue described and made appropriate safety adjustments:

- Trip/fall, pinch/crush hazards have been identified, flagged, and mitigated where possible.
- Electrical wiring is: properly secured, off the floor, not daisy chained, and not exposed.
- Guards, fasteners, plumbing, and fixtures are tightened appropriately. All potential flight paths are not a risk to others in the vicinity.

Signatures of Persons Completing the Checklist: _____

Team Leader Signature: _____