

**SENIOR PROJECT CONCEPTUAL DESIGN REVIEW HAZARD IDENTIFICATION CHECKLIST**

- | Y                        | N                                   |  |
|--------------------------|-------------------------------------|--|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Will any part of the design create hazardous revolving, reciprocating, running, shearing, punching, pressing, squeezing, drawing, cutting, rolling, mixing or similar action, including pinch points and shear points? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Can any part of the design undergo high accelerations/decelerations?   |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Will the system have any large moving masses or large forces?  |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Will the system produce a projectile?  |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Would it be possible for the system to fall under gravity creating injury?   |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Will a user be exposed to overhanging weights as part of the design?   |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Will the system have any sharp edges?  |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Will any part of the electrical systems not be grounded?   |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Will there be any large batteries or electrical voltage in the system above 40 V either AC or DC?  |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Will there be any stored energy in the system such as batteries, flywheels, hanging weights or pressurized fluids?   |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Will there be any explosive or flammable liquids, gases, dust fuel part of the system?   |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Will the user of the design be required to exert any abnormal effort or physical posture during the use of the design?   |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Will there be any materials known to be hazardous to humans involved in either the design or the manufacturing of the design?  |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Can the system generate high levels of noise?  |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Will the device/system be exposed to extreme environmental conditions such as fog, humidity, cold, high temperatures ,etc...?  |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Is it possible for the system will be used in an unsafe manner?  |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Will there be any other potential hazards not listed above? If yes, please explain below?  |

**SENIOR PROJECT CRITICAL DESIGN REVIEW HAZARD IDENTIFICATION CHECKLIST**

- | Y                        | N                                   |  |
|--------------------------|-------------------------------------|--|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Do any parts of the design create hazardous revolving, reciprocating, running, shearing, punching, pressing, squeezing, drawing, cutting, rolling, mixing or similar action, including pinch points and sheer points adequately guarded? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Does any part of the design undergo high accelerations/decelerations that are exposed to the user?   |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Does the system have any large moving masses or large forces that can contact the user?  |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Does the system produce a projectile?  |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Can the system to fall under gravity creating injury?  |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Is the user exposed to overhanging weights as part of the design?  |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Does the system have any sharp edges exposed?  |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Are there an ungrounded electrical systems in the design?  |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Are there any large capacity batteries or electrical voltage in the system above 40 V either AC or DC?   |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Is there be any stored energy in the system such as batteries, flywheels, hanging weights or pressurized fluids when the system is either on or off?   |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Is there any explosive or flammable liquids, gases, dust, or fuel part of the system?  |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Is the user of the design required to exert any abnormal effort and/or assume a an abnormal physical posture during the use of the design?   |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Is there be any materials known to be hazardous to humans involved in either the design or the manufacturing of the design?  |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Will the system generate high levels of noise?   |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Will the product be subjected to extreme environmental conditions such as fog, humidity, cold, high temperatures ,etc. that could create an unsafe condition?  |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Is it easy to use the system unsafely?   |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Is there be any other potential hazards not listed above? If yes, please explain on the back of this checklist?  |