This form is designed to facilitate a Student Project Assessment (SPA) for fabrication projects. The purpose of the SPA is to identify hazards associated with the project and specify controls to mitigate them. The SPA will be used by the designated supervisor or staff member to evaluate the safety of the project and determine if further controls need to be implemented.

|  |  |
| --- | --- |
|  Name | Click here to enter text. |
|  Date | Click here to enter a date. |
| Designated Faculty or Shop Contact | Click here to enter text. |
| Title of Project | Click here to enter text. |

|  |  |
| --- | --- |
|  Anticipated Start Date | Click here to enter a date. |
|  Anticipated End Date | Click here to enter a date. |
|  Course: | Click here to enter text. |
|  Facility Where Project Shall Be Completed: | Click here to enter text. |

# Summary/Description of Project (Please limit to no more than 100 words):

Click here to enter text.

# List Raw Materials and Chemicals Anticipated to Be Used for This Project:

Click here to enter text.

# Potential Hazards and Control Strategies:

Hazard controls are used to reduce the likelihood or severity of a safety incident resulting from the hazards indicated above. For each selected hazard there should be at least one control in place to reduce risk.

|  |  |
| --- | --- |
| **Hazard Type** | **Control Strategy** |
| **Chemical Exposures**  |
| [ ]  Dermal/Absorption | Click here to enter text. |
| [ ]  Inhalation | Click here to enter text. |
| [ ]  Splash | Click here to enter text. |
| [ ]  Ingestion | Click here to enter text. |
| [ ]  Leaks/Spills | Click here to enter text. |
| **Physical Injury**  |
| [ ]  Cut (from glass) | Click here to enter text. |
| [ ]  Cut (from blade) | Click here to enter text. |
| [ ]  Needle-stick | Click here to enter text. |
| [ ]  Pinch/caught-between | Click here to enter text. |
| [ ]  Electrical Shock | Click here to enter text. |
| [ ]  Moving Parts | Click here to enter text. |
| **Thermal**  |
| [ ]  Burn (contact with hot surface or flame) | Click here to enter text. |
| [ ]  Burn (contact with cryogen) | Click here to enter text. |
| **Chemical Reactivity** |
| [ ]  Explosion | Click here to enter text. |
| [ ]  Exothermic Reaction | Click here to enter text. |
| [ ]  Reaction with Water | Click here to enter text. |
| [ ]  Hazardous by-products formed | Click here to enter text. |
| **Fire** |
| [ ]  Heat source over-heating | Click here to enter text. |
| [ ]  Ignition of flammable gas/vapor | Click here to enter text. |
| [ ]  Use of open flame – (burner or torch) | Click here to enter text. |
| [ ]  Electrical - Potential for overheating | Click here to enter text. |
| [ ]  Heat source in contact with combustible or flammable material | Click here to enter text. |
| **Pressure** |
| [ ]  Implosion (vacuum) | Click here to enter text. |
| [ ]  Over-pressure (explosion) | Click here to enter text. |
| [ ]  Over-pressure (leak/release) | Click here to enter text. |
| [ ]  Pressure vessel failure | Click here to enter text. |
| **Other Considerations** |
| [ ]  Click here to enter text. | Click here to enter text. |
| [ ]  Click here to enter text. | Click here to enter text. |

# Follow up Recommendations – Feedback from Faculty or Makerspace/Shop Staff

Click here to enter text.

# Student Signature

I have received safety training within the facility and demonstrated the competencies required to complete this project safely. I will update and resubmit this SPA if the scope of the project changes. I have read and will comply with Penn’s Operations Guidelines for Makerspaces, Robotics Labs and Student/Research Shops and the health and safety rules of the facilities used to complete the project.


# Faculty or Shop/Makerspace Supervisor Signature

I authorize that the student is approved to complete the project as it is documented in this SPA.

