# **3D PRINTER RISK ASSESSMENT FORM**

This form is used to assess the hazards and provide information about the controls associated									
with your 3D Printer.									
Once you complete this form, please submit form to your EH&S Department.									
A EH&S representative will contact you to schedule a time to review this form with you.									
The purpose of this review is to determine whether additional EH&S controls are warranted.									
Building:									
Department:		Location with	in Room	n:					
	tact Information (phone a								
Manufacturer/	Make/Model:								
Serial Number:									
Asset Number:									
When Purchase	ed:								
Installing Comp	bany:								
Company perfo	orming installation and cal	ibration:							
Person(s) at ris	ks (Check each one):			Undergraduate Students					
Ensure that the	Ensure that they receive the appropriate training and					Graduate Students			
supervision pri	supervision prior to unsupervised machine operation.					□ Staff			
					Faculty				
				Adjuncts					
HAZARD IDENTIFICATION									
Noise/Vibratio						-			
Noise makes you raise your voice						Yes/N/A			
Use of hand held equipment						Yes/N/A			
Hand vibration						Yes/N/A			
Whole body vibration						Yes/N/A			
Other (Please specify)						Yes/N/A			
Thermal Hazar									
Burns, scalds, and other injuries by contact with hot objects						Yes/N/A			
Potential exposure to a hot working environment						Yes/N/A			
Other (Please specify)						Yes/N/A			
Hazardous Mat									
Contact with or	Yes/N/A								
Fire and explos		Yes/N/A							
Biological or mi	Yes/N/A								
Thermoplastics	Yes/N/A								
Styrene, PolyAmide)Yes/N/ASupport materials (e.g., phenyl phosphates)Yes/N/A									
	Yes/N/A								
Reactive and/or highly combustible powder metals						Yes/N/A			
Batteries (e.g., lithium)						Yes/N/A			
Other (Please s		Yes/N/A							

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Mechanical Hazards			
Contact with moving parts	Yes/N/A		
Accumulation of energy inside machinery	Yes/N/A		
Crushing hazard	Yes/N/A		
Shearing hazard	Yes/N/A		
Cutting or severing hazard	Yes/N/A		
Entanglement hazard	Yes/N/A		
Drawing in or trapping hazard	Yes/N/A		
Impact hazard	Yes/N/A		
Friction or abrasion hazard	Yes/N/A		
High pressure	Yes/N/A		
Other (Please specify)	Yes/N/A		
Ergonomics			
Unhealthy postures or excessive effort	Yes/N/A		
Inadequate consideration of hand-arm or foot-leg anatomy	Yes/N/A		
Neglects use of PPE	Yes/N/A		
Inadequate lighting	Yes/N/A		
Mental overload and underload, stress	Yes/N/A		
Human error, human behavior	Yes/N/A		
Inadequate design, location or identification of manual controls	Yes/N/A		
Inadequate design or location of visual display units	Yes/N/A		
Other (Please specify)	Yes/N/A		
Radiation			
Lasers	Yes/N/A		
Infrared, visible and UV radiation	Yes/N/A		
Low frequency, radio frequency, microwaves	Yes/N/A		
Other (Please specify)	Yes/N/A		
Environmental Impacts			
Air Emissions	Yes/N/A		
Biological Waste	Yes/N/A		
Hazardous Waste (chemical)	Yes/N/A		
Non-hazardous Waste	Yes/N/A		
Recyclable Waste	Yes/N/A		
Universal Waste (e.g., batteries, bulbs)	Yes/N/A		
Wastewater	Yes/N/A		
Other (Please specify)	Yes/N/A		

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### **RISK ASSESSMENT AND CONTROLS**

#### **Risk Rating = Consequence x Likelihood**

Consequences ValuesLikelihoodNone = 1Not Applicable = 0Minor= 5Rare = 1Moderate = 10Possible = 2High = 20Likely = 3Certain = 4

Detail the Control measures required to address the risks applying the following Hierarchy of Controls:

- 1. Elimination (Is it necessary?)
- 2. Substitution
- 3. Isolation (Restrict access)
- 4. Engineering (Guarding, redesign)
- 5. Administration (Training, SOPs)
- 6. Personal Protective Equipment (PPE) (gloves, coveralls, respirator)

Hazard	Consequences	Consequence Value	Likelihood	Risk Rating	Controls	Controlled (yes/no)
Example:	Burn hand	5	2	10	6 – Heat	Yes
Thermal	when touching				resistant	
	hot object				gloves	
	generated by				-	
	3D Printer					
		ΔΡΡ	ROVAL			
process and th	hat the hazards as at the risks are no ontrols. Also, I ce e department.	sociated with this of significant and/	piece of equipi or are adequat	ely contro	olled by one or	more of the
Department Representative						
(Please Print):						
Department Re	epresentative					
(Signature):						
Title:						
Date:						