

# ESH Threshold Review Form

**ENVIRONMENT, SAFETY & HEALTH DIVISION**

This form is used to document whether a proposed activity can be categorized as a “work activity” or a “project activity” that needs to be reviewed through the conventional project review process. The form is to be completed by the responsible person for the activity, with assistance from his or her ESH coordinator; approved by the building/area manager and requester’s department head; and maintained by the responsible person. (See [General Policy and Responsibilities: ESH Project Review Procedure](#) [SLAC-I-720-0A24C-001].)

**Note** This form is to be completed **only** if the activity exceeds one or more of the lower limit thresholds below.

## 1 Lower Limit Thresholds

1. Requester has experience with the activity and is comfortable with the perceived risk
  - Recognized hazard(s) and existing mitigations
  - Limited scope
  - Applicable standard operating procedures (SOPs): activity within the scope of existing SOPs
  - No deviation from the standard model
2. Not facility related: not attached to the building, et cetera
3. No new and/or unusual equipment involved
4. Does not involve change/modification of or impact to a shared utility or shared area
5. Supervisor concurs that the proposed activity is within the standard model for the individual

## 2 Project Information

Project name		Location / bldg	
Requester		Phone	
Responsible person		Phone	
Requester's department head		Phone	
ESH coordinator		Phone	

## 3 Statement of Work

The statement of work (SOW) must provide a general description of the project in sufficient detail to include all of the major elements and systems of the project. This SOW should also include any significant hazards associated with the project (examples are radiation, laser, pressure, cryogenic, and hazardous materials). Provide supporting documentation as applicable/available, including drawings and specifications, equipment layout, cut-sheets, etc. Please include projected starting and ending dates for each phase of the project.

## 4 Threshold Review

If, based on review, the determination is yes on one or more of the broad thresholds below then the project must be referred to the conventional project review process. (See [General Policy and Responsibilities: ESH Project Review Procedure](#).)

Broad Thresholds	Determination	Comments / Clarification / Qualifiers
1. Some or all of the activity's characteristics having possible safety consequences are new to the responsible organization.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. The proposed activity represents a significant change of scope of the existing operation.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. The proposed activity introduces hazards not previously analyzed and for which there are no institutional protocols and procedures to mitigate them (e.g. hazards not addressed in the ESH Manual).	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4. The proposed activity represents a significant change in the hazard of operation.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5. The proposed activity is sufficiently complex that a review would be prudent.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6. The proposed activity triggers Building Inspection Office (BIO) requirements* or is required by DOE directive or Stanford institutional review boards. *See <a href="#">BIO Review Triggers</a> .	<input type="checkbox"/> Yes <input type="checkbox"/> No	

## 5 Hazard Characterization and Mitigation Approach

Item	Project Aspect	Hazard Description	Mitigation Approach
<i>Example</i>	Liquid nitrogen directly plumbed to instrument from adjacent supply line.	<i>Potential direct exposure to liquid nitrogen due to line failure or incorrect install → Contact of liquid nitrogen by skin or clothes may result in severe burns and permanent tissue damage Oxygen displacement due to leaking Nitrogen gas → asphyxiation</i>	<i>Adjacent instrument has liquid nitrogen plumbed to it with ventilation, SOP, training, PPE, etc. New install will implement all specifications from adjacent instrument including area ventilation and oxygen monitoring. Personnel will adopt SOP and PPE protocols and be trained to the same.</i>
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13.			

## 6 Applicability Determination

	Determination	Comments / Clarification / Qualifiers
Project can be designated a work activity? (Note: if no then please indicate below which (or both) review process applies)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Conventional construction project review process applicable?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

### Preparers

Responsible person		Signature		Date	
ESH coordinator		Signature		Date	

### Approvers

Building or area manager		Signature		Date	
Requester's department head		Signature		Date	