

PERSONAL PROTECTIVE EQUIPMENT (PPE) HAZARD ASSESSMENT FORM

I am reviewing (check the appropriate box):	<input type="checkbox"/> A worksite	Specify location:
	<input type="checkbox"/> A single employee's job description	Name of employee:
		Position Title:
	<input type="checkbox"/> A job description for a class of employees	Position Titles:
Location:		

Your Name:	Title/Department:	Date:
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EYE HAZARDS: Tasks that can cause eye injury include: working with chemicals or acids; UV lights; chipping, sanding, or grinding; welding; furnace operations; and metal and wood working.

<i>Check the appropriate box for each hazard:</i>	<i>Description of hazard(s):</i>	<i>Required PPE</i>
Chemical Exposure <input type="checkbox"/>		
High Heat/Cold <input type="checkbox"/>		
Dust/Flying Debris <input type="checkbox"/>		
Impact <input type="checkbox"/>		
UV/IR Radiation <input type="checkbox"/>		
Other:		

HEAD/NECK/FACE HAZARDS: Tasks that can cause head/neck/face injury include: working below other workers who are using tools or materials that could fall; working on energized electrical equipment or utilities; and working in trenches or confined spaces.

<i>Check the appropriate box for each hazard:</i>	<i>Description of hazard(s):</i>	<i>Required PPE</i>
Chemical Exposure <input type="checkbox"/>		
Dust/Flying Debris <input type="checkbox"/>		
Impact <input type="checkbox"/>		
UV/IR Radiation <input type="checkbox"/>		
Electrical Shock <input type="checkbox"/>		
Other:		

FOOT HAZARDS: Tasks that can cause foot injury include: exposure to chemicals or acids; welding or cutting; materials handling; renovation or construction; and electrical work.

<i>Check the appropriate box for each hazard:</i>	<i>Description of hazard(s):</i>	<i>Required PPE</i>
Chemical Exposure <input type="checkbox"/>		
High Heat/Cold <input type="checkbox"/>		
Impact/Compression <input type="checkbox"/>		
Electrical Shock <input type="checkbox"/>		
Puncture <input type="checkbox"/>		
Slippery/Wet Surfaces <input type="checkbox"/>		
Other:		

PPE HAZARD ASSESSMENT FORM (Cont.)

HAND HAZARDS: Hand injury can be caused by: work with chemicals or acids; exposure to cut or abrasion hazards (for example, during demolition, renovation, woodworking, or food service preparation); work with very hot or cold objects or materials; and exposure to sharps.

<i>Check the appropriate box for each hazard:</i>	<i>Description of hazard(s):</i>	<i>Required PPE</i>
Chemical Exposure <input type="checkbox"/>		
High Heat/Cold <input type="checkbox"/>		
UV/IR Radiation <input type="checkbox"/>		
Electrical Shock <input type="checkbox"/>		
Puncture <input type="checkbox"/>		
Cuts/Abrasions <input type="checkbox"/>		
Other:		

BODY HAZARDS: Injury of the body (torso, arms, or legs) can occur during: exposure to chemicals, acids, or other hazardous materials; abrasive blasting; welding, cutting, or brazing; chipping, sanding, or grinding; use of chainsaws or similar equipment; and work around electrical arcs.

<i>Check the appropriate box for each hazard:</i>	<i>Description of hazard(s):</i>	<i>Required PPE</i>
Chemical Exposure <input type="checkbox"/>		
High Heat/Cold <input type="checkbox"/>		
Impact/Compression <input type="checkbox"/>		
Electrical Arc <input type="checkbox"/>		
Cuts/Abrasions <input type="checkbox"/>		
Other:		

FALL HAZARDS: Personnel may be exposed to fall hazards when performing work on a surface with an unprotected side or edge that is 4 feet or more above a lower level, or 10 feet or more on scaffolds. Fall protection may also be required when using vehicle man lifts, elevated platforms, tree trimming, performing work on poles, roofs, or fixed ladders.

<i>Check the appropriate box for each hazard:</i>	<i>Description of hazard(s):</i>	<i>Required PPE</i>
Fall Hazard <input type="checkbox"/>		

NOISE HAZARDS: Personnel may be exposed to noise hazards when working in mechanical rooms; machining; grinding; sanding; cage washing; dish washing; working around pneumatic equipment, grounds equipment, generators, chillers, motors, saws, jackhammers, or similar equipment.

<i>Check the appropriate box for each hazard:</i>	<i>Description of hazard(s):</i>	<i>Required PPE</i>
Noise Hazard <input type="checkbox"/>		

RESPIRATORY HAZARDS: Personnel may be exposed to respiratory hazards that require the use of respirators: during emergency response, when using certain chemicals outside of a chemical fume hood; when working with hazardous powders; when entering fume hood plenums; when working with animals; when applying paints or chemicals in confined spaces; when welding, cutting, or brazing on certain metals; and when disturbing asbestos, lead, silica, or other particulate hazards.

<i>Check the appropriate box for each hazard:</i>	<i>Description of hazard(s):</i>	<i>Required PPE</i>
Chemical Exposure <input type="checkbox"/>		
Particulate Exposure <input type="checkbox"/>		
Other:		

I certify that the above hazard assessment was performed to the best of my knowledge and ability, based on the hazards present on this date.

_____ (signature) _____ (date)