

Workplace Hazard Assessment & Personal Protective Equipment (PPE) Certification

Date of Assessment:	Department:	Location:
This Hazard Assessment has been completed by: (print name and title)		Signature:

Job Task(s)	Potential Hazard	PPE Required
Describe the task that the worker will be performing. For instance; bench grinding, charging batteries; handling liquid chemicals, etc. Note: Similar job tasks may be grouped together on one form.	Indicate the potential hazards associated with that task	List the PPE required to protect the employee while performing the task. Note: If hearing protection or respiratory protection is necessary, additional guidance, training, and fit testing will be required.

Required training for all PPE users:

Personal Protective Equipment (PPE) training is to be performed upon initial job assignment, or when deemed necessary by the workers supervisor. When training employees on proper maintenance, use, and disposal of PPE please cover the following topics:

- What PPE is necessary
- When PPE shall be used.
- How to put on, take off, adjust, and otherwise wear PPE (per manufacturer recommendations).
- Limitations and useful life of the PPE (per manufacturer recommendations).
- Proper care, maintenance, replacement, and disposal of PPE (per manufacturer recommendations).
- Other, please specify: _____

Supervisors providing the required training for use and care of PPE must create a certification of training that contains the trained individual's name, ID#, and the date on which the training was performed. Training certifications are to be maintained by the department having jurisdiction over the trained individual(s). If you need help establishing a training program, please contact SEM at 581-4055.

Personal Protective Equipment (PPE) Hazard Assessment Survey and Analysis

Location: _____ Job Classification: _____ Operation/Process: _____ Assessor/Title: _____

Part of Body	Hazard	Required PPE
Hands 	<input type="checkbox"/> Penetration-sharp objects / bites <input type="checkbox"/> Penetration-rough objects <input type="checkbox"/> Chemical(s) or liquid splash _____ <input type="checkbox"/> Extreme cold <input type="checkbox"/> Extreme heat <input type="checkbox"/> Blood <input type="checkbox"/> Electrical shock <input type="checkbox"/> Vibration-power tools <input type="checkbox"/> Other _____	<input type="checkbox"/> Leather/cut resistant gloves <input type="checkbox"/> General purpose work gloves <input type="checkbox"/> Chemical resistant gloves; <input type="checkbox"/> Type _____ <input type="checkbox"/> Insulated gloves <input type="checkbox"/> Heat/flame resistant gloves <input type="checkbox"/> Latex or nitrile gloves <input type="checkbox"/> Insulated rubber gloves; <input type="checkbox"/> Type _____ <input type="checkbox"/> Cotton, leather / anti-vibration glv. <input type="checkbox"/> Other _____
Eyes and Face 	<input type="checkbox"/> Pokes or impact--flying objects, chips, sand or dirt <input type="checkbox"/> Nuisance dust <input type="checkbox"/> Optical Radiation: UV light-welding, cutting, torch brazing or soldering <input type="checkbox"/> Chemical-splashing liquid <input type="checkbox"/> Chemical-irritating mists <input type="checkbox"/> Hot sparks-grinding <input type="checkbox"/> Splashing molten metal <input type="checkbox"/> Glare/High Intensity lights <input type="checkbox"/> Laser operations <input type="checkbox"/> Other _____	<input type="checkbox"/> Safety glasses w/side shields <input type="checkbox"/> Glasses/goggles w/face shield <input type="checkbox"/> Impact goggles <input type="checkbox"/> Welding goggles <input type="checkbox"/> Welding helmet/shield w/safety glasses & side shields <input type="checkbox"/> Chemical goggles/ face shield <input type="checkbox"/> Chemical splash goggles <input type="checkbox"/> Safety glasses w/side shields <input type="checkbox"/> Glasses/goggles w/face shield <input type="checkbox"/> Safety goggles w/face shield <input type="checkbox"/> Shaded safety glasses <input type="checkbox"/> Laser spectacles or goggles <input type="checkbox"/> Other _____
Ears 	<input type="checkbox"/> Exposure to noise levels (> 85 dBA 8-hour TWA) _____ <input type="checkbox"/> Exposure to sparks <input type="checkbox"/> Other _____	<input type="checkbox"/> Ear muffs, plugs or ear caps <input type="checkbox"/> Ear muffs AND plugs / other <input type="checkbox"/> Leather welding hood <input type="checkbox"/> Other _____
Head 	<input type="checkbox"/> Struck by falling object (top) <input type="checkbox"/> Struck by swinging, flying object or against fixed object (side). <input type="checkbox"/> Electrical-contact with exposed wires/conductors <input type="checkbox"/> Other _____	<input type="checkbox"/> Hard hat/cap TYPE: <input type="checkbox"/> I <input type="checkbox"/> II - side impact <input type="checkbox"/> Other _____ CLASS: <input type="checkbox"/> C conductive <input type="checkbox"/> G <2200 V <input type="checkbox"/> E up to 20,000 V

Part of Body	Hazard	Required PPE
Respiratory System 	<input type="checkbox"/> Nuisance dust/mist <input type="checkbox"/> Welding fumes <input type="checkbox"/> Asbestos <input type="checkbox"/> Pesticides <input type="checkbox"/> Paint spray <input type="checkbox"/> Organic vapors <input type="checkbox"/> Acid gases <input type="checkbox"/> Oxygen deficient/toxic or IDLH atmosphere <input type="checkbox"/> Other _____	<input type="checkbox"/> Disposable dust/mist mask <input type="checkbox"/> Welding respirator <input type="checkbox"/> Respirator w/HEPA filter <input type="checkbox"/> Respirator w/pesticide cart. <input type="checkbox"/> Respirator w/paint spray cart. <input type="checkbox"/> Respirator w/organic cart. <input type="checkbox"/> Respirator w/acid gas cart. <input type="checkbox"/> SCBA or Type C supplied air (airline) respirator <input type="checkbox"/> Other _____
Feet 	<input type="checkbox"/> Impact-heavy objects <input type="checkbox"/> Compression-rolling or pinching objects / vehicles <input type="checkbox"/> Slippery or wet surface <input type="checkbox"/> Penetration-sharp objects <input type="checkbox"/> Chemical – splash or penetration (adsorption) <input type="checkbox"/> Exposure to extreme heat/cold <input type="checkbox"/> Immersion <input type="checkbox"/> Other _____	<input type="checkbox"/> Steel toe safety shoes 30 / 50 / 75 <input type="checkbox"/> Leather boots or safety shoes w/metatarsal guards <input type="checkbox"/> Slip resistant soles <input type="checkbox"/> Puncture resistant soles <input type="checkbox"/> Chemical resistant boots/covers <input type="checkbox"/> Rubber boots <input type="checkbox"/> Insulated boots or shoes <input type="checkbox"/> Waterproof rubber boot / wader <input type="checkbox"/> Other _____
Body 	<input type="checkbox"/> Impact-flying objects <input type="checkbox"/> Moving traffic vehicles <input type="checkbox"/> Penetration-sharp objects <input type="checkbox"/> Electrical-static discharge <input type="checkbox"/> Hot metal or sparks <input type="checkbox"/> Chemical(s) _____ <input type="checkbox"/> Exposure to extreme cold <input type="checkbox"/> Exposure to extreme heat <input type="checkbox"/> Unprotected elevated walking/working surface <input type="checkbox"/> Other _____	<input type="checkbox"/> Long sleeves/ apron/ coat <input type="checkbox"/> Traffic vest <input type="checkbox"/> Cut-resistant sleeves, wristlets <input type="checkbox"/> Static control coats/coveralls <input type="checkbox"/> Flame-resistant jacket/ pants <input type="checkbox"/> Lab coat or apron/sleeves <input type="checkbox"/> Insulated jacket, hood <input type="checkbox"/> Chill vest or other <input type="checkbox"/> Body harness and lanyard <input type="checkbox"/> Other _____
NOTES:		