

## PPE Hazard Assessment Certification Form

Name of work place: \_\_\_\_\_

Assessment conducted by: \_\_\_\_\_

Work place address: \_\_\_\_\_

Date of assessment: \_\_\_\_\_

Work area(s): \_\_\_\_\_

Job/Task(s): \_\_\_\_\_

(Use a separate sheet for each job/task or work area)

<b>EYES</b>		
<p><u>Work activities, such as:</u></p> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> abrasive blasting  <input type="checkbox"/> chopping  <input type="checkbox"/> cutting  <input type="checkbox"/> drilling  <input type="checkbox"/> welding  <input type="checkbox"/> soldering  <input type="checkbox"/> torch brazing  <input type="checkbox"/> working outdoors  <input type="checkbox"/> computer work  <input type="checkbox"/> punch press operations  <input type="checkbox"/> other:                 </div> <div style="width: 50%;"> <input type="checkbox"/> sanding  <input type="checkbox"/> sawing  <input type="checkbox"/> grinding  <input type="checkbox"/> hammering  <input type="checkbox"/> chipping                 </div> </div>	<p><u>Work-related exposure to:</u></p> <input type="checkbox"/> airborne dust <input type="checkbox"/> dirt <input type="checkbox"/> UV <input type="checkbox"/> flying particles/objects <input type="checkbox"/> blood splashes <input type="checkbox"/> hazardous liquid chemicals mists <input type="checkbox"/> chemical splashes <input type="checkbox"/> molten metal splashes <input type="checkbox"/> glare/high intensity lights <input type="checkbox"/> laser operations <input type="checkbox"/> intense light <input type="checkbox"/> hot sparks <input type="checkbox"/> other:	<p><u>Can hazard be eliminated without the use of PPE?</u>            Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><u>If no, use:</u></p> <input type="checkbox"/> Safety glasses <input type="checkbox"/> Safety goggles <input type="checkbox"/> Dust-tight goggles <input type="checkbox"/> Impact goggles <input type="checkbox"/> Welding helmet/shield <input type="checkbox"/> Chemical goggles <input type="checkbox"/> Chemical splash goggles <input type="checkbox"/> Laser goggles <input type="checkbox"/> Shading/Filter (# _____) <input type="checkbox"/> Welding shield <input type="checkbox"/> Other:
<p style="text-align: right;"><u>With:</u>            Side shields            Face shield            Shaded            Prescription</p>		
<b>FACE</b>		
<p><u>Work activities, such as:</u></p> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> cleaning  <input type="checkbox"/> cooking  <input type="checkbox"/> siphoning  <input type="checkbox"/> painting  <input type="checkbox"/> dip tank operations  <input type="checkbox"/> pouring  <input type="checkbox"/> other:                 </div> <div style="width: 50%;"> <input type="checkbox"/> foundry work  <input type="checkbox"/> welding  <input type="checkbox"/> mixing  <input type="checkbox"/> pouring molten metal  <input type="checkbox"/> working outdoors                 </div> </div>	<p><u>Work-related exposure to:</u></p> <input type="checkbox"/> hazardous liquid chemicals <input type="checkbox"/> extreme heat <input type="checkbox"/> extreme cold <input type="checkbox"/> potential irritants: <input type="checkbox"/> other:	<p><u>Can hazard be eliminated without the use of PPE?</u>            Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><u>If no, use:</u></p> <input type="checkbox"/> Face shield <input type="checkbox"/> Shading/Filter (# _____) <input type="checkbox"/> Welding shield <input type="checkbox"/> Other:
<b>HEAD</b>		
<p><u>Work activities, such as:</u></p> <input type="checkbox"/> building maintenance <input type="checkbox"/> confined space operations <input type="checkbox"/> construction <input type="checkbox"/> electrical wiring <input type="checkbox"/> walking/working under catwalks	<p><u>Work-related exposure to:</u></p> <input type="checkbox"/> beams <input type="checkbox"/> pipes <input type="checkbox"/> exposed electrical wiring or components <input type="checkbox"/> falling objects	<p><u>Can hazard be eliminated without the use of PPE?</u>            Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><u>If no, use:</u></p> <input type="checkbox"/> Protective Helmet <input type="checkbox"/> Type A (low voltage)

<input type="checkbox"/> walking/working on catwalks <input type="checkbox"/> walking/working under conveyor belts <input type="checkbox"/> working with/around conveyor belts <input type="checkbox"/> walking/working under crane loads <input type="checkbox"/> utility work <input type="checkbox"/> other:	<input type="checkbox"/> fixed object <input type="checkbox"/> machine parts <input type="checkbox"/> other:	<input type="checkbox"/> Type B (high voltage) <input type="checkbox"/> Type C <input type="checkbox"/> Bump cap (not ANSI-approved) <input type="checkbox"/> Hair net or soft cap <input type="checkbox"/> Other:
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**HANDS/ARMS**

<u>Work activities, such as:</u> <input type="checkbox"/> baking <input type="checkbox"/> cooking <input type="checkbox"/> grinding <input type="checkbox"/> welding <input type="checkbox"/> working with glass <input type="checkbox"/> using computers <input type="checkbox"/> using knives <input type="checkbox"/> dental and health care services <input type="checkbox"/> garbage disposal <input type="checkbox"/> computer work <input type="checkbox"/> other:	<input type="checkbox"/> material handling <input type="checkbox"/> sanding <input type="checkbox"/> sawing <input type="checkbox"/> hammering <input type="checkbox"/> using power tools <input type="checkbox"/> working outdoors	<u>Work-related exposure to:</u> <input type="checkbox"/> blood <input type="checkbox"/> irritating chemicals <input type="checkbox"/> tools or materials that could scrape, bruise, or cut <input type="checkbox"/> extreme heat <input type="checkbox"/> extreme cold <input type="checkbox"/> animal bites <input type="checkbox"/> electric shock <input type="checkbox"/> vibration <input type="checkbox"/> musculoskeletal disorders <input type="checkbox"/> sharps injury <input type="checkbox"/> other:	<u>Can hazard be eliminated without the use of PPE?</u> Yes <input type="checkbox"/> No <input type="checkbox"/> <u>If no, use:</u> <input type="checkbox"/> Gloves <input type="checkbox"/> Chemical resistance <input type="checkbox"/> Liquid/leak resistance <input type="checkbox"/> Temperature resistance <input type="checkbox"/> Abrasion/cut resistance <input type="checkbox"/> Slip resistance <input type="checkbox"/> Latex or nitrile <input type="checkbox"/> Anti-vibration <input type="checkbox"/> Protective sleeves <input type="checkbox"/> Ergonomic equipment _____ <input type="checkbox"/> Other:
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**FEET/LEGS**

<u>Work activities, such as:</u> <input type="checkbox"/> building maintenance <input type="checkbox"/> construction <input type="checkbox"/> demolition <input type="checkbox"/> food processing <input type="checkbox"/> foundry work <input type="checkbox"/> working outdoors <input type="checkbox"/> logging <input type="checkbox"/> plumbing <input type="checkbox"/> trenching <input type="checkbox"/> use of highly flammable materials <input type="checkbox"/> welding <input type="checkbox"/> other:	<u>Work-related exposure to:</u> <input type="checkbox"/> explosive atmospheres <input type="checkbox"/> explosives <input type="checkbox"/> exposed electrical wiring or components <input type="checkbox"/> heavy equipment <input type="checkbox"/> slippery surfaces <input type="checkbox"/> impact from objects <input type="checkbox"/> pinch points <input type="checkbox"/> crushing <input type="checkbox"/> slippery/wet surface <input type="checkbox"/> sharps injury <input type="checkbox"/> blood <input type="checkbox"/> chemical splash <input type="checkbox"/> chemical penetration <input type="checkbox"/> extreme heat/cold	<u>Can hazard be eliminated without the use of PPE?</u> Yes <input type="checkbox"/> No <input type="checkbox"/> <u>If no, use:</u> <input type="checkbox"/> Safety shoes or boots <input type="checkbox"/> Toe protection <input type="checkbox"/> Electrical protection <input type="checkbox"/> Puncture resistance <input type="checkbox"/> Anti-slip soles <input type="checkbox"/> Leggings or chaps <input type="checkbox"/> Foot-Leg guards <input type="checkbox"/> Other:	Metatarsal protection Heat/cold protection Chemical resistance
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- fall
- other:

**BODY/SKIN**

Work activities such as:

- baking or frying
- battery charging
- dip tank operations
- fiberglass installation
- sawing
- other:

Work-related exposure to:

- chemical splashes
- extreme heat
- extreme cold
- sharp or rough edges
- irritating chemicals
- other:

Can hazard be eliminated without the use of PPE?

Yes  No

If no, use:

- Vest, Jacket
- Coveralls, Body suit
- Raingear
- Apron
- Welding leathers
- Abrasion/cut resistance
- Other:

With:

- Long sleeves

**BODY/WHOLE**

Work activities such as:

- building maintenance
- construction
- logging
- computer work
- working outdoors
- utility work
- other:

Work-related exposure to:

- working from heights of 10 feet or more
- impact from flying objects
- impact from moving vehicles
- sharps injury
- blood
- electrical/static discharge
- hot metal
- musculoskeletal disorders
- sparks
- chemicals
- extreme heat/cold
- elevated walking/working surface
- working near water
- injury from slip/trip/fall
- other:

Can hazard be eliminated without the use of PPE?

Yes  No

If no, use:

- Fall Arrest/Restraint
- Traffic vest
- Static coats/overalls
- Flame resistant jacket/pants
- Insulated jacket
- Cut resistant sleeves/wristlets
- hoists/lifts
- ergonomic equipment: \_\_\_\_\_
- Other:

With:

- Hood
- Full sleeves

**LUNGS/RESPIRATORY**

<p><u>Work activities such as:</u></p> <input type="checkbox"/> cleaning <input type="checkbox"/> mixing <input type="checkbox"/> painting <input type="checkbox"/> fiberglass installation <input type="checkbox"/> compressed air or gas operations <input type="checkbox"/> confined space work <input type="checkbox"/> floor installation <input type="checkbox"/> ceiling repair <input type="checkbox"/> working outdoors <input type="checkbox"/> other:	<p><u>Work-related exposure to:</u></p> <input type="checkbox"/> dust or particulate <input type="checkbox"/> toxic gas/vapor <input type="checkbox"/> chemical irritants (acids) <input type="checkbox"/> welding fume <input type="checkbox"/> asbestos <input type="checkbox"/> pesticides <input type="checkbox"/> organic vapors <input type="checkbox"/> oxygen deficient environment <input type="checkbox"/> paint spray <input type="checkbox"/> extreme heat/cold <input type="checkbox"/> other:	<p><u>Can hazard be eliminated without the use of PPE?</u> Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><u>If no, use:</u></p> <input type="checkbox"/> Dust mask <input type="checkbox"/> Disposable particulate respirator <input type="checkbox"/> Replaceable filter particulate w/cartridge <input type="checkbox"/> PAPR (Air recycle) <input type="checkbox"/> PPSA (Air supply)	<p><u>With/Type:</u></p> face shield acid/gas crtgd organic crtgd pesticide crtgd spray paint crtgd half faced full faced hooded
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**EARS/HEARING**

<p><u>Work activities such as:</u></p> <input type="checkbox"/> generator <input type="checkbox"/> ventilation fans <input type="checkbox"/> motors <input type="checkbox"/> sanding <input type="checkbox"/> pneumatic equipment <input type="checkbox"/> punch or brake presses <input type="checkbox"/> use of conveyors <input type="checkbox"/> other:	<p><u>Work-related exposure to:</u></p> <input type="checkbox"/> grinding <input type="checkbox"/> machining <input type="checkbox"/> routers <input type="checkbox"/> sawing <input type="checkbox"/> sparks	<p><u>Work-related exposure to:</u></p> <input type="checkbox"/> loud noises <input type="checkbox"/> loud work environment <input type="checkbox"/> noisy machines/tools <input type="checkbox"/> punch or brake presses <input type="checkbox"/> other:	<p><u>Can hazard be eliminated without the use of PPE?</u> Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><u>If no, use:</u></p> <input type="checkbox"/> ear muffs <input type="checkbox"/> ear plugs <input type="checkbox"/> leather welding hood
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Assessor's Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Operations Manager's Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

HSE Manager's Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

