

PPE Hazard Assessment Form

COMPLETED BY:		DATE:	
WORK AREA:		JOB/TASK:	
EYES			
<u>Work activities, such as:</u> <input type="checkbox"/> cutting <input type="checkbox"/> drilling <input type="checkbox"/> welding <input type="checkbox"/> hammering <input type="checkbox"/> punch press operations <input type="checkbox"/> other:	<input type="checkbox"/> sanding <input type="checkbox"/> sawing <input type="checkbox"/> grinding	<u>Work-related exposure to:</u> <input type="checkbox"/> airborne dust <input type="checkbox"/> flying particles <input type="checkbox"/> blood splashes <input type="checkbox"/> hazardous liquid chemicals <input type="checkbox"/> intense light <input type="checkbox"/> other:	<u>Can hazard be eliminated without the use of PPE?</u> <input type="checkbox"/> yes <input type="checkbox"/> no <u>If no, use:</u> <input type="checkbox"/> safety glasses <input type="checkbox"/> safety goggles <input type="checkbox"/> shading/filter (#_____)
<input type="checkbox"/> side shields <input type="checkbox"/> dust-tight goggles			
FACE			
<u>Work activities, such as:</u> <input type="checkbox"/> cleaning <input type="checkbox"/> cooking <input type="checkbox"/> siphoning <input type="checkbox"/> other:	<input type="checkbox"/> painting <input type="checkbox"/> welding <input type="checkbox"/> mixing	<u>Work-related exposure to:</u> <input type="checkbox"/> hazardous liquid chemicals <input type="checkbox"/> extreme heat/cold <input type="checkbox"/> potential irritants <input type="checkbox"/> other:	<u>Can hazard be eliminated without the use of PPE?</u> <input type="checkbox"/> yes <input type="checkbox"/> no <u>If no, use:</u> <input type="checkbox"/> face shield <input type="checkbox"/> shading/filter (#_____) <input type="checkbox"/> welding shield <input type="checkbox"/> other:
HEAD			
<u>Work activities, such as:</u> <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 <input type="checkbox"/> other:	<u>Work-related exposure to:</u> <input type="checkbox"/> beams <input type="checkbox"/> pipes <input type="checkbox"/> exposed electrical wiring or components <input type="checkbox"/> falling objects <input type="checkbox"/> machine parts <input type="checkbox"/> other:	<u>Can hazard be eliminated without the use of PPE?</u> <input type="checkbox"/> yes <input type="checkbox"/> no <u>If no, use:</u> <input type="checkbox"/> protective helmet <input type="checkbox"/> hard hat (type: _____) <input type="checkbox"/> bump cap (not ANSI-approved) <input type="checkbox"/> hair net or soft cap <input type="checkbox"/> other:	

HANDS/ARMSWork activities, such as:

- | | |
|--|--|
| <input type="checkbox"/> baking | <input type="checkbox"/> material handling |
| <input type="checkbox"/> cooking | <input type="checkbox"/> sanding |
| <input type="checkbox"/> grinding | <input type="checkbox"/> sawing |
| <input type="checkbox"/> welding | <input type="checkbox"/> hammering |
| <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"/> other: | |

Work-related exposure to:

-
- blood
-
-
- irritating chemicals
-
-
- tools or materials that could scrape, bruise, or cut
-
-
- extreme heat/cold
-
-
- other:

Can hazard be eliminated without the use of PPE?

-
- yes
-
- no

If no, use:

-
- gloves
-
-
- chemical resistance
-
-
- liquid/leak resistance
-
-
- temperature resistance
-
-
- abrasion/cut resistance
-
-
- slip resistance
-
-
- protective sleeves
-
-
- other:

FEET/LEGSWork activities, such as:

-
- building maintenance
-
-
- plumbing
-
-
- use of highly flammable materials
-
-
- welding
-
-
- other:

Work-related exposure to:

-
- explosive atmospheres
-
-
- explosives
-
-
- exposed electrical wiring or components
-
-
- heavy equipment
-
-
- slippery surfaces
-
-
- tools
-
-
- other:

Can hazard be eliminated without the use of PPE?

-
- yes
-
- no

If no, use:

-
- safety shoes or boots (type: _____)
-
-
- leggings or chaps
-
-
- foot/leg guards
-
-
- other:

SKINWork activities such as:

-
- baking or frying
-
-
- battery charging
-
-
- fiberglass installation
-
-
- irritating chemicals
-
-
- sawing
-
-
- other:

Work-related exposure to:

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

Can hazard be eliminated without the use of PPE?

-
- yes
-
- no

If no, use:

-
- vest, jacket
-
-
- coveralls, body suit
-
-
- rain gear
-
-
- apron
-
-
- welding leathers
-
-
- abrasion/cut resistant
-
-
- other:

GENERAL HAZARDS

Work activities such as:

- building maintenance
 construction
 other:

Work-related exposure to:

- working from heights of 10 feet or more
 working near water
 other:

Can hazard be eliminated without the use of PPE?

- yes no

If no, use:

 fall arrest/restraint type: PFD: type: other:**INHALATION**

Work activities such as:

- cleaning sawing
 irritating chemicals painting
 fiberglass installation
 compressed air or gas operations
 other:

Work-related exposure to:

- irritating dust or particulate
 irritating or toxic gas/vapor
 extreme heat/cold
 other:

Can hazard be eliminated without the use of PPE?

- yes no

If no, PPE selected:

HEARING

Work activities such as:

- generator grinding
 ventilation fans sanding
 motors routers
 sawing
 other:

Work-related exposure to:

- loud noises
 loud work environment
 noisy machines/tools
 punch or brake presses
 other:

Can hazard be eliminated without the use of PPE?

- yes no

If no, PPE selected: