

# PPE Hazard Assessment Certification



Complete this form for each task within your department that requires the use of Personal Protective Equipment to protect the employee from the hazard(s) associated with the task. The information gathered on this form will be used to train affected employees on the required PPE for task listed below. If feasible, departments should try to implement engineering or administrative controls to eliminate the hazards before assigning the required PPE.

<b>Completed By:</b>		<b>Date:</b>	
<b>Department:</b>		<b>Can the hazard(s) be eliminated without the use of PPE?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Task:</b>			
<b>Eye/Face:</b>		<b>PPE Required:</b>	
<input type="checkbox"/> Flying particles	<input type="checkbox"/> Airborne dust	<input type="checkbox"/> Safety glasses	<input type="checkbox"/> Safety goggles
<input type="checkbox"/> Chemical splash	<input type="checkbox"/> UV light (i.e. welding)	<input type="checkbox"/> Face shield	<input type="checkbox"/> Welding shield
<input type="checkbox"/> Blood or OPIM	<input type="checkbox"/> Molten metal splashes	<input type="checkbox"/> Other: _____	
<input type="checkbox"/> Other: _____			
<b>Ears:</b>		<b>PPE Required:</b>	
<input type="checkbox"/> Loud Noises	<input type="checkbox"/> Crowd Noises	<input type="checkbox"/> Ear plugs	<input type="checkbox"/> Ear muffs
<input type="checkbox"/> Other: _____		<input type="checkbox"/> Other: _____	
<b>Head:</b>		<b>PPE Required:</b>	
<input type="checkbox"/> Falling objects	<input type="checkbox"/> Low overhead objects	<input type="checkbox"/> Type I hard hat	<input type="checkbox"/> Type II hard hat
<input type="checkbox"/> Side impacts	<input type="checkbox"/> Electrical hazards	<input type="checkbox"/> Class E (20K volts)	<input type="checkbox"/> Class G (2.2K volts)
<input type="checkbox"/> Other: _____		<input type="checkbox"/> Other: _____	
<b>Hands:</b>		<b>PPE Required:</b>	
<input type="checkbox"/> Chemical hazards	<input type="checkbox"/> Blood or OPIM	<input type="checkbox"/> Leather gloves	<input type="checkbox"/> Cut-resistant gloves
<input type="checkbox"/> Cuts/sharp edges	<input type="checkbox"/> Extreme heat/cold	<input type="checkbox"/> Anti-vibration gloves	<input type="checkbox"/> Welding Gloves
<input type="checkbox"/> Electrical	<input type="checkbox"/> Vibrating tool/equipment	<input type="checkbox"/> Disposable nitrile	<input type="checkbox"/> Chemical resistant
<input type="checkbox"/> Other: _____		<input type="checkbox"/> Electrical safety	<input type="checkbox"/> Cryogenic Gloves
		<input type="checkbox"/> Other: _____	
<b>Feet/Legs:</b>		<b>PPE Required:</b>	
<input type="checkbox"/> Heavy falling objects	<input type="checkbox"/> Heavy rolling objects	<input type="checkbox"/> Closed-toed shoe	<input type="checkbox"/> Leather boot
<input type="checkbox"/> Large/heavy equipment	<input type="checkbox"/> Electrical hazards	<input type="checkbox"/> Safety-toed shoe	<input type="checkbox"/> Slip-resistant sole
<input type="checkbox"/> Slippery/wet surfaces	<input type="checkbox"/> Chemical hazards	<input type="checkbox"/> Puncture resistant	<input type="checkbox"/> Non-conductive
<input type="checkbox"/> Chainsaw	<input type="checkbox"/> Puncture sharp objects	<input type="checkbox"/> Chemical resistant	<input type="checkbox"/> Cut resistant boots
<input type="checkbox"/> Other: _____		<input type="checkbox"/> Other: _____	
<b>Lungs:</b>		<b>PPE Required:</b>	
<input type="checkbox"/> Dust or particulates	<input type="checkbox"/> Welding fume	<input type="checkbox"/> Nuisance dust mask	<input type="checkbox"/> N95 Respirator
<input type="checkbox"/> Pesticide	<input type="checkbox"/> Chemical hazard	<input type="checkbox"/> ½ Mask respirator	<input type="checkbox"/> Full-face respirator
<input type="checkbox"/> Oxygen deficiency	<input type="checkbox"/> Fibers (i.e. asbestos)	<input type="checkbox"/> PAPR	<input type="checkbox"/> SCBA
<input type="checkbox"/> Other: _____		<input type="checkbox"/> Supplied air respirator	
		<input type="checkbox"/> Other: _____	
<b>Whole Body:</b>		<b>PPE Required:</b>	
<input type="checkbox"/> Vehicle Traffic	<input type="checkbox"/> Working on or near water	<input type="checkbox"/> Traffic vest	<input type="checkbox"/> PFD
<input type="checkbox"/> Chemical hazard	<input type="checkbox"/> Electrical	<input type="checkbox"/> Laboratory coat/Tyvek	<input type="checkbox"/> Welding leathers
<input type="checkbox"/> Welding sparks/hot metal	<input type="checkbox"/> Unprotected heights/falls	<input type="checkbox"/> Body harness/lanyard	<input type="checkbox"/> Arc flash clothing
<input type="checkbox"/> Other: _____		<input type="checkbox"/> Other: _____	