



PERSONAL PROTECTIVE EQUIPMENT HAZARD ASSESSMENT

Task:	Location:
Occupation:	Department:
Evaluation Completed By:	Date:

Eye and Face Protection

Type of Hazard	Source of Hazard	Description of Tasks, Engineering & Admin. Controls In Place	PPE Required
Impact/Flying Objects/Dust Flying fragments, objects, large chips, particles, sand, dirt, dust, etc.	Working With, Near, or Around: <input type="checkbox"/> Chipping <input type="checkbox"/> Buffing <input type="checkbox"/> Grinding <input type="checkbox"/> Sanding <input type="checkbox"/> Machining <input type="checkbox"/> Woodworking <input type="checkbox"/> Drilling <input type="checkbox"/> Powered <input type="checkbox"/> Chiseling Fastening <input type="checkbox"/> Riveting <input type="checkbox"/> Masonry Work <input type="checkbox"/> Sawing <input type="checkbox"/> Other:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Heat Burns	Working With, Near, or Around: <input type="checkbox"/> Cutting <input type="checkbox"/> Pouring Hot Metal <input type="checkbox"/> Welding <input type="checkbox"/> Molten Metals <input type="checkbox"/> Torching <input type="checkbox"/> Other: <input type="checkbox"/> Hot Sparks		<input type="checkbox"/> Yes <input type="checkbox"/> No
Chemical Liquids Chemical irritation or burns	Working With, Near, or Around: <input type="checkbox"/> Pouring <input type="checkbox"/> Mixing <input type="checkbox"/> Splash Hazards <input type="checkbox"/> Irritating Mists <input type="checkbox"/> Washing/Cleaning <input type="checkbox"/> Irritating Spray <input type="checkbox"/> Other:		<input type="checkbox"/> Yes <input type="checkbox"/> No
Chemical Gases and Vapors Chemical irritation or burns	Working With, Near, or Around: <input type="checkbox"/> Compressed Gas System Handling <input type="checkbox"/> Other:		<input type="checkbox"/> Yes <input type="checkbox"/> No
Light/Radiation Poor vision; Damage to the eyes.	Working With, Near, Or Around: <input type="checkbox"/> Optical Radiation <input type="checkbox"/> Torch Soldering <input type="checkbox"/> Cutting <input type="checkbox"/> Torch Brazing <input type="checkbox"/> Electric Arc Welding <input type="checkbox"/> Glare <input type="checkbox"/> Gas Welding <input type="checkbox"/> Other:		<input type="checkbox"/> Yes <input type="checkbox"/> No
Biohazards Exposure to infectious material	Working With, Near, or Around: <input type="checkbox"/> First Aid/Emergency Care Treatment <input type="checkbox"/> Body Fluids <input type="checkbox"/> Other:		<input type="checkbox"/> Yes <input type="checkbox"/> No

Head Protection

Falling Objects	Working Under: <input type="checkbox"/> Other workers using tools and materials that could fall <input type="checkbox"/> Machinery or processes which might cause materials or objects to fall <input type="checkbox"/> Warehouse racking where loose material loads are handled or stored. <input type="checkbox"/> Other:		<input type="checkbox"/> Yes <input type="checkbox"/> No
Overhead Object Interference	Working Under or Near: <input type="checkbox"/> Conveyor belts carrying material <input type="checkbox"/> Vertical lifts and other elevating work platforms <input type="checkbox"/> Other:		<input type="checkbox"/> Yes <input type="checkbox"/> No

Foot Protection

Impact Hazards Routine activities where objects heavier than 5 lb. could fall on feet	Working With: <input type="checkbox"/> Heavy Packages <input type="checkbox"/> Heavy Parts/Equip. <input type="checkbox"/> Heavy Tools <input type="checkbox"/> Other: <input type="checkbox"/> Heavy Objects		<input type="checkbox"/> Yes <input type="checkbox"/> No
Compression Hazards Roll-over hazards	Working With: <input type="checkbox"/> High Use of Carts or Pallet Trucks <input type="checkbox"/> Handling Heavy Pipes or Logs <input type="checkbox"/> Drum Handling <input type="checkbox"/> Other:		<input type="checkbox"/> Yes <input type="checkbox"/> No
Puncture Protection Puncture to shoe soles	Working Where There Is: <input type="checkbox"/> Nails <input type="checkbox"/> Scrap Metal <input type="checkbox"/> Wire <input type="checkbox"/> Screws <input type="checkbox"/> Tacks <input type="checkbox"/> Sharp Objects on <input type="checkbox"/> Glass Walking Surfaces <input type="checkbox"/> Large Staples <input type="checkbox"/> Other:		<input type="checkbox"/> Yes <input type="checkbox"/> No
Electrical Hazards Electric shock or burns	Working With Or Near: <input type="checkbox"/> Exposed Electrical Conductors <input type="checkbox"/> Energized Parts <input type="checkbox"/> Electrical Switch Gear <input type="checkbox"/> Other Exposed Electrical Hazards:		<input type="checkbox"/> Yes <input type="checkbox"/> No
Chemical Hazards Irritation or burns	Working With, Near, Or Around: <input type="checkbox"/> Splash Hazards from Hot Or Corrosive Liquids		<input type="checkbox"/> Yes <input type="checkbox"/> No

Hand Protection

<p>Chemical Hazards Chemical irritation or burns</p>	<p>Working With or Handling:</p> <p><input type="checkbox"/> Solvents <input type="checkbox"/> Toxic Materials <input type="checkbox"/> Corrosives <input type="checkbox"/> Other: <input type="checkbox"/> Skin Irritants</p>		<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Physical Hazards Cuts, punctures, abrasions, rubbing/friction, or laceration.</p>	<p>Working With Or Handling:</p> <p><input type="checkbox"/> Sharp Objects <input type="checkbox"/> Sharp Tools <input type="checkbox"/> Knives <input type="checkbox"/> Jagged Objects <input type="checkbox"/> Glass <input type="checkbox"/> Using, Cleaning or Dismantling Equipment with Sharp Points Or Edges <input type="checkbox"/> Abrasive Materials (E.G. Sanders) <input type="checkbox"/> Other:</p>		<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Thermal Hazards Burns</p>	<p>Working With Or Handling:</p> <p><input type="checkbox"/> Hot Material <input type="checkbox"/> Molten Metal <input type="checkbox"/> Hot Pipes, Steam, Or Liquids <input type="checkbox"/> Welding <input type="checkbox"/> Hot Work Activities <input type="checkbox"/> Other:</p>		<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Cryogenic Hazards Frostbite</p>	<p>Working With Or In:</p> <p><input type="checkbox"/> Cold Materials <input type="checkbox"/> Cold Weather <input type="checkbox"/> Other:</p>		<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Biohazards Exposure to infectious material</p>	<p>Contact During:</p> <p><input type="checkbox"/> First Aid/Emergency Care <input type="checkbox"/> Custodial (Biological Response) <input type="checkbox"/> Other:</p>		<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Electrical Hazards Electric shock or burn</p>	<p>Working on Or Near:</p> <p><input type="checkbox"/> Energized Circuits of High Voltage (>600v) <input type="checkbox"/> Other:</p>		<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

Respiratory Protection

Inhalation Hazards	Working With or Near: <input type="checkbox"/> Nuisance Dusts (Chemicals, Wood) <input type="checkbox"/> Fibers (Asbestos, Etc.) <input type="checkbox"/> Mists (Oils, Acids, Etc.) <input type="checkbox"/> Vapors (Solvents, Gases, Etc.) <input type="checkbox"/> Fumes (Torch Cutting, Welding, Soldering) <input type="checkbox"/> Other:		<input type="checkbox"/> Yes <input type="checkbox"/> No
Atmospheric Hazards	Working In or Near: <input type="checkbox"/> Toxic Atmospheres <input type="checkbox"/> Oxygen-Deficient Areas (Below 19.5% Oxygen) <input type="checkbox"/> Immediately Dangerous To Life Or Health (IDLH) <input type="checkbox"/> Other:		<input type="checkbox"/> Yes <input type="checkbox"/> No

Hearing Protection

Loud Noises Hearing loss	Working in Area Exceeding 85 dBA: <input type="checkbox"/> Noise Level From Most Recent Noise Survey: <input type="checkbox"/> Continuous Noise <input type="checkbox"/> Impact Noise <input type="checkbox"/> Intermittent Noise <input type="checkbox"/> Other:		<input type="checkbox"/> Yes <input type="checkbox"/> No
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Body Protection

Chemical Hazards Chemical splash exposure	Working With or Handling: <input type="checkbox"/> Solvents <input type="checkbox"/> Toxic by Skin <input type="checkbox"/> Corrosives <input type="checkbox"/> Absorption <input type="checkbox"/> Irritants <input type="checkbox"/> Other:		<input type="checkbox"/> Yes <input type="checkbox"/> No
Electrical Hazards Electric shock or burns	Working With or Around: <input type="checkbox"/> High Voltage (>600v) <input type="checkbox"/> Other:		<input type="checkbox"/> Yes <input type="checkbox"/> No
Fire Exposure Burns	Working With or Around: <input type="checkbox"/> Fires <input type="checkbox"/> Open Flames <input type="checkbox"/> Other:		<input type="checkbox"/> Yes <input type="checkbox"/> No
Fall Protection	<input type="checkbox"/> Working from unprotected heights greater than 4 feet <input type="checkbox"/> Other:		<input type="checkbox"/> Yes <input type="checkbox"/> No

Personal Protective Equipment – Hazard Assessment Summary

Task:	Location:
Occupation:	Department:
Evaluation Completed By:	Date:

PPE Category	PPE Required for this Department			
Eye and Face Protection	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Safety Glasses w/ Side Shields <input type="checkbox"/> Chemical Goggles	<input type="checkbox"/> Face Shield <input type="checkbox"/> Welders Face Shield <input type="checkbox"/> Welding Shields	<input type="checkbox"/> Filtered Lenses <input type="checkbox"/> Impact Goggles <input type="checkbox"/> Other: _____
Head Protection	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Hard Hat-Class G (Proof Tested to 2,200 Volts) <input type="checkbox"/> Hard Hat-Class E (Proof Tested to 20,000 Volts) <input type="checkbox"/> Hard Hat-Class C (No Electrical Protection) <input type="checkbox"/> Other: _____		
Foot Protection	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Safety Shoes <input type="checkbox"/> Boots <input type="checkbox"/> Metatarsal Guards <input type="checkbox"/> Boot Cover	Electrical Hazard Soles: <input type="checkbox"/> Leather <input type="checkbox"/> Rubber <input type="checkbox"/> Other: _____	Material: <input type="checkbox"/> Neoprene <input type="checkbox"/> PVC <input type="checkbox"/> Poly/Nylon
Hand Protection	<input type="checkbox"/> Yes <input type="checkbox"/> No	Gloves: <input type="checkbox"/> Wrist Length <input type="checkbox"/> Elbow Length <input type="checkbox"/> Shoulder Length <input type="checkbox"/> Chemical Resistant <input type="checkbox"/> Butyl <input type="checkbox"/> Neoprene	<input type="checkbox"/> PVC <input type="checkbox"/> Nitrile <input type="checkbox"/> PVA <input type="checkbox"/> Latex <input type="checkbox"/> Abrasion Resistant <input type="checkbox"/> Cut Resistant <input type="checkbox"/> Puncture Resistant	<input type="checkbox"/> Heat Resistant <input type="checkbox"/> Welding <input type="checkbox"/> Cold Resistant <input type="checkbox"/> Electrical Resistant <input type="checkbox"/> Anti-Static <input type="checkbox"/> Other: _____
Respiratory Protection	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Air Purifying <input type="checkbox"/> Dust <input type="checkbox"/> Mist <input type="checkbox"/> Fume	<input type="checkbox"/> Airline <input type="checkbox"/> PAPR <input type="checkbox"/> SCBA <input type="checkbox"/> Half-Face	<input type="checkbox"/> Full-Face <input type="checkbox"/> Canister <input type="checkbox"/> Cartridge <input type="checkbox"/> Other: _____
Hearing Protection	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Earmuffs <input type="checkbox"/> Earplugs	<input type="checkbox"/> Min. Noise Reduction Rating <input type="checkbox"/> Other: _____	
Body Protection	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Apron <input type="checkbox"/> Jacket/Coat <input type="checkbox"/> Long Sleeves	<input type="checkbox"/> Coveralls <input type="checkbox"/> Insulating Blankets	<input type="checkbox"/> Insulating Covers <input type="checkbox"/> Other: _____
Fall Protection	<input type="checkbox"/> Yes <input type="checkbox"/> No			

Comments:

Supervisor

Date
Environmental Safety Officer
Date