

PPE Hazard Assessment Certification Form

*Name of work place: _____

*Assessment conducted by: _____

*Work place address: _____

*Date of assessment: _____

Work area(s): _____

Job/Task(s): _____

*Required for certifying the hazard assessment.

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

EYES		
<p>Work activities, such as:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> abrasive blasting <input type="checkbox"/> chopping <input type="checkbox"/> cutting <input type="checkbox"/> drilling <input type="checkbox"/> welding <input type="checkbox"/> punch press operations <input type="checkbox"/> other: _____ </div> <div style="width: 45%;"> <input type="checkbox"/> sanding <input type="checkbox"/> sawing <input type="checkbox"/> grinding <input type="checkbox"/> hammering </div> </div>	<p>Work-related exposure to:</p> <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: _____	<p>Can hazard be eliminated without the use of PPE? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If no, use:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <input type="checkbox"/> Safety glasses <input type="checkbox"/> Safety goggles <input type="checkbox"/> Shading/Filter (#_____) <input type="checkbox"/> Welding shield <input type="checkbox"/> Other: _____ </div> <div style="width: 35%;"> <input type="checkbox"/> Side shields <input type="checkbox"/> Dust-tight goggles </div> </div>
FACE		
<p>Work activities, such as:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <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"/> other: _____ </div> <div style="width: 45%;"> <input type="checkbox"/> foundry work <input type="checkbox"/> welding <input type="checkbox"/> mixing <input type="checkbox"/> pouring molten metal </div> </div>	<p>Work-related exposure to:</p> <input type="checkbox"/> hazardous liquid chemicals <input type="checkbox"/> extreme heat/cold <input type="checkbox"/> potential irritants: _____ <input type="checkbox"/> other: _____	<p>Can hazard be eliminated without the use of PPE? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If no, use:</p> <input type="checkbox"/> Face shield <input type="checkbox"/> Shading/Filter (#_____) <input type="checkbox"/> Welding shield <input type="checkbox"/> Other: _____
HEAD		
<p>Work activities, such as:</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 <input type="checkbox"/> walking/working under conveyor belts <input type="checkbox"/> walking/working under crane loads <input type="checkbox"/> utility work <input type="checkbox"/> other: _____	<p>Work-related exposure to:</p> <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: _____	<p>Can hazard be eliminated without the use of PPE? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If no, use:</p> <input type="checkbox"/> Protective Helmet <div style="margin-left: 20px;"> <input type="checkbox"/> Type A (low voltage) <input type="checkbox"/> Type B (high voltage) <input type="checkbox"/> Type C <input type="checkbox"/> Bump cap (not ANSI-approved) </div> <input type="checkbox"/> Hair net or soft cap <input type="checkbox"/> Other: _____

<p>HANDS/ARMS</p> <p>Work activities, such as:</p> <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"/> other: _____	<p>Work-related exposure to:</p> <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/cold <input type="checkbox"/> other: _____	<p>Can hazard be eliminated without the use of PPE?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If no, use:</p> <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"/> Protective sleeves <input type="checkbox"/> Other: _____
<p>FEET/LEGS</p> <p>Work activities, such as:</p> <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"/> 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: _____	<p>Work-related exposure to:</p> <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"/> tools <input type="checkbox"/> other: _____	<p>Can hazard be eliminated without the use of PPE?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If no, use:</p> <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: _____
<p>BODY/SKIN</p> <p>Work activities such as:</p> <input type="checkbox"/> baking or frying <input type="checkbox"/> battery charging <input type="checkbox"/> dip tank operations <input type="checkbox"/> fiberglass installation <input type="checkbox"/> irritating chemicals <input type="checkbox"/> sawing <input type="checkbox"/> other: _____	<p>Work-related exposure to:</p> <input type="checkbox"/> chemical splashes <input type="checkbox"/> extreme heat/cold <input type="checkbox"/> sharp or rough edges <input type="checkbox"/> other: _____	<p>Can hazard be eliminated without the use of PPE?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If no, use:</p> <input type="checkbox"/> Vest, Jacket <input type="checkbox"/> Coveralls, Body suit <input type="checkbox"/> Raingear <input type="checkbox"/> Apron <input type="checkbox"/> Welding leathers <input type="checkbox"/> Abrasion/cut resistance <input type="checkbox"/> Other: _____

BODY/WHOLE ¹

Work activities such as:
 building maintenance
 construction
 logging
 utility work
 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: _____

LUNGS/RESPIRATORY ¹

Work activities such as:
 cleaning
 mixing
 painting
 fiberglass installation
 compressed air or gas operations
 other: _____

Work-related exposure to:
 irritating dust or particulate
 irritating or toxic gas/vapor
 other: _____

Can hazard be eliminated without the use of PPE?
Yes No

EARS/HEARING ¹

Work activities such as:
 generator
 ventilation fans
 motors
 sanding
 pneumatic equipment
 punch or brake presses
 use of conveyors
 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

