

PPE Hazard Assessment Certification Form

*Name of work place: _____

*Assessment conducted by: _____

*Work place address: _____

*Date of assessment: _____

Job Title: _____

Job/Task(s): _____

*Required for certifying the hazard assessment. -- Use a separate sheet for each job/task or work area.

EYES		
Work activities, such as: <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: _____	<input type="checkbox"/> sanding <input type="checkbox"/> sawing <input type="checkbox"/> grinding <input type="checkbox"/> hammering	Work-related exposure to: <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: _____
Can hazard be eliminated without the use of PPE? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If no, use: <input type="checkbox"/> Safety glasses <input type="checkbox"/> Safety goggles <input type="checkbox"/> Shading/Filter (#_____) <input type="checkbox"/> Welding shield <input type="checkbox"/> Other: _____		
<input type="checkbox"/> Side shields <input type="checkbox"/> Dust-tight goggles		
FACE		
Work activities, such as: <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: _____	<input type="checkbox"/> foundry work <input type="checkbox"/> welding <input type="checkbox"/> mixing <input type="checkbox"/> pouring molten metal	Work-related exposure to: <input type="checkbox"/> hazardous liquid chemicals <input type="checkbox"/> extreme heat/cold <input type="checkbox"/> potential irritants _____ <input type="checkbox"/> other: _____
Can hazard be eliminated without the use of PPE? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If no, use: <input type="checkbox"/> Face shield <input type="checkbox"/> Shading/Filter (#_____) <input type="checkbox"/> Welding shield <input type="checkbox"/> Other: _____		
HEAD		
Work activities, such as: <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: _____	<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: _____	Work-related exposure to: <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: _____
Can hazard be eliminated without the use of PPE? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If no, use: <input type="checkbox"/> Protective Helmet <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) <input type="checkbox"/> Hair net or soft cap <input type="checkbox"/> Other: _____		

HANDS/ARMS**Work activities, such as:**

- ☐ building maintenance
☐ construction
☐ demolition
☐ food processing
☐ foundry work
☐ logging
☐ plumbing
☐ trenching
☐ use of highly flammable materials
☐ welding
☐ other: _____

Work-related exposure to:

- ☐ explosive atmospheres
☐ explosives
☐ exposed electrical wiring or components
☐ extreme heat/cold
☐ other: _____

Can hazard be eliminated without the use of PPE?Yes ☐ No ☐**If no, use:**

- ☐ Suitable gloves
☐ Chemical splashes
☐ Cuts, lacerations, abrasions, punctures
☐ Burns, biological
☐ Other: _____

BODY/SKIN**Work activities such as:**

- ☐ baking or frying
☐ battery charging
☐ dip tank operations
☐ fiberglass installation
☐ irritating chemicals
☐ sawing
☐ other: _____

Work-related exposure to:

- ☐ chemical splashes
☐ extreme heat/cold
☐ sharp or rough edges
☐ tools
☐ 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: _____

FOOT/LEGS – (Protect against impact, compression, puncture)**Work activities such as:**

- ☐ carrying/handling heavy objects
☐ using heavy carts, rolls, pipes
☐ where sharp objects may be stepped on
☐ other: _____

Work-related exposure to:

- ☐ chemical splashes
☐ sharp or rough edges
☐ slippery surfaces
☐ heavy equipment/materials
☐ other: _____

Can hazard be eliminated without the use of PPE?Yes ☐ No ☐**If no, use:**

- ☐ Safety shoes or boots
☐ Toe protection
☐ Electrical protection
☐ Puncture resistance
☐ Anti-slip soles
☐ Leggings or chaps
☐ Foot-Leg guards
☐ Other: _____
- ☐ Metatarsal protection
☐ Heat/cold protection
☐ Chemical resistance

BODY/WHOLE**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**Work activities such as:**

- ☐ cleaning
☐ mixing
☐ painting
☐ fiberglass installation
☐ compressed air or gas operations
☐ other: _____
- ☐ pouring
☐ sawing

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****Work activities such as:**

- ☐ generator
☐ ventilation fans
☐ motors
☐ sanding
☐ pneumatic equipment
☐ punch or brake presses
☐ use of conveyors
☐ other: _____
- ☐ grinding
☐ machining
☐ routers
☐ sawing

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 ☐