



Personal Protective Equipment (PPE) Hazard Assessment Survey and Analysis


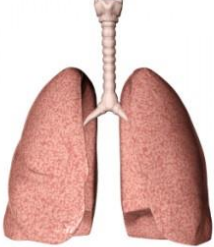


Organization: _____ Location: _____


Job Classification: _____ Operation/Process: _____

Person performing assessment: _____ Title: _____

THE FOLLOWING HAZARDS HAVE BEEN NOTED

Part of Body	Hazard	Required PPE	Notes
<p>Hands</p> 	<ul style="list-style-type: none"> <input type="checkbox"/> Penetration-sharp objects <input type="checkbox"/> Penetration-animal bites <input type="checkbox"/> Penetration-rough objects <input type="checkbox"/> Chemical(s) _____ <input type="checkbox"/> Extreme cold <input type="checkbox"/> Extreme heat <input type="checkbox"/> Blood <input type="checkbox"/> Electrical shock <input type="checkbox"/> Vibration-power tools <input type="checkbox"/> Other _____ 	<ul style="list-style-type: none"> <input type="checkbox"/> Leather/cut resistant gloves <input type="checkbox"/> General purpose work gloves <input type="checkbox"/> Chemical resistant gloves; <ul style="list-style-type: none"> <input type="checkbox"/> Type _____ <input type="checkbox"/> Insulated gloves <input type="checkbox"/> Heat/flame resistant gloves <input type="checkbox"/> Latex or nitrile gloves <input type="checkbox"/> Insulated rubber gloves; <ul style="list-style-type: none"> <input type="checkbox"/> Type _____ <input type="checkbox"/> Cotton, leather or anti-vibration gloves <input type="checkbox"/> Other _____ 	
<p>Eyes and Face</p> 	<ul style="list-style-type: none"> <input type="checkbox"/> Impact-flying objects, chips, sand or dirt <input type="checkbox"/> Nuisance dust <input type="checkbox"/> UV light-welding, cutting, torch brazing or soldering <input type="checkbox"/> Chemical-splashing liquid <input type="checkbox"/> Chemical-irritating mists <input type="checkbox"/> Hot sparks-grinding <input type="checkbox"/> Splashing molten metal <input type="checkbox"/> Glare/High Intensity lights <input type="checkbox"/> Laser operations <input type="checkbox"/> Other _____ 	<ul style="list-style-type: none"> <input type="checkbox"/> Safety glasses w/o side shields <input type="checkbox"/> Glasses/goggles w/o face shield <input type="checkbox"/> Impact goggles <input type="checkbox"/> Welding goggles <input type="checkbox"/> Welding helmet/shield w/safety glasses & side shields <input type="checkbox"/> Chemical splash goggles <input type="checkbox"/> Glasses/goggles w/face shield <input type="checkbox"/> Safety goggles w/face shield <input type="checkbox"/> Shaded safety glasses <input type="checkbox"/> Laser spectacles or goggles <input type="checkbox"/> Other _____ 	

<p>Ears</p> 	<ul style="list-style-type: none"> <input type="checkbox"/> Exposure to noise levels (> 85 dBA 8-hour TWA) <input type="checkbox"/> Exposure to sparks <input type="checkbox"/> Other _____ 	<ul style="list-style-type: none"> <input type="checkbox"/> Ear muffs, plugs or ear caps <input type="checkbox"/> Leather welding hood <input type="checkbox"/> Other _____ 	
<p>Respiratory System</p> 	<ul style="list-style-type: none"> <input type="checkbox"/> Nuisance dust/mist <input type="checkbox"/> Welding fumes <input type="checkbox"/> Asbestos <input type="checkbox"/> Pesticides <input type="checkbox"/> Paint spray <input type="checkbox"/> Organic vapors <input type="checkbox"/> Acid gases <input type="checkbox"/> Oxygen deficient/toxic or IDLH atmosphere <input type="checkbox"/> Other _____ 	<ul style="list-style-type: none"> <input type="checkbox"/> Disposable dust/mist mask <input type="checkbox"/> Welding respirator <input type="checkbox"/> Respirator w/HEPA filter <input type="checkbox"/> Respirator w/pesticide cartridges <input type="checkbox"/> Respirator w/paint spray cartridges <input type="checkbox"/> Respirator w/organic cartridges <input type="checkbox"/> Respirator w/acid gas cartridges <input type="checkbox"/> SCBA or Type C airline respirator <input type="checkbox"/> Other _____ 	
<p>Feet</p> 	<ul style="list-style-type: none"> <input type="checkbox"/> Impact-heavy objects <input type="checkbox"/> Compression-rolling or pinching objects/vehicles <input type="checkbox"/> Slippery or wet surface <input type="checkbox"/> Penetration-sharp objects <input type="checkbox"/> Splashing-chemical <input type="checkbox"/> Exposure to extreme cold <input type="checkbox"/> Other _____ 	<ul style="list-style-type: none"> <input type="checkbox"/> Steel toe safety shoes <input type="checkbox"/> Leather boots or safety shoes w/metatarsal guards <input type="checkbox"/> Slip resistant soles <input type="checkbox"/> Puncture resistant soles <input type="checkbox"/> Chemical resistant boots/covers <input type="checkbox"/> Rubber boots/closed top shoes <input type="checkbox"/> Insulated boots or shoes <input type="checkbox"/> Other _____ 	
<p>Head</p> 	<ul style="list-style-type: none"> <input type="checkbox"/> Struck by falling object <input type="checkbox"/> Struck against fixed object <input type="checkbox"/> Electrical-contact with exposed wires/conductors <input type="checkbox"/> Other _____ 	<ul style="list-style-type: none"> <input type="checkbox"/> Hard hat/cap <ul style="list-style-type: none"> <input type="checkbox"/> Class A <input type="checkbox"/> Class B <input type="checkbox"/> Class C <input type="checkbox"/> Other _____ 	

<p>Body</p> 	<ul style="list-style-type: none"> <input type="checkbox"/> Impact-flying objects <input type="checkbox"/> Moving vehicles <input type="checkbox"/> Penetration-sharp objects <input type="checkbox"/> Electrical-static discharge <input type="checkbox"/> Hot metal or sparks <input type="checkbox"/> Chemical(s) _____ _____ <input type="checkbox"/> Exposure to extreme cold <input type="checkbox"/> Unprotected elevated walking/working surface <input type="checkbox"/> Other _____ 	<ul style="list-style-type: none"> <input type="checkbox"/> Long sleeves/ apron/ coat <input type="checkbox"/> Traffic vest <input type="checkbox"/> Cut-resistant sleeves, wristlets <input type="checkbox"/> Static control coats/coveralls <input type="checkbox"/> Flame-resistant jacket/ pants <input type="checkbox"/> Lab coat or apron/sleeves <input type="checkbox"/> Insulated jacket, hood <input type="checkbox"/> Body harness and lanyard <input type="checkbox"/> Other _____ 	
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CERTIFICATION: I certify that I personally performed the above Hazard Assessment on the date indicated. *This document is a Certification of the Hazard Assessment.*

Signed by: _____ Date: _____