

Personal Protective Equipment (PPE) Hazard Assessment Certificate

Organization:

Location:

Job Classification:

Operation/Process:

Assessor:

Assessor's Title:

Body Part	Hazard	Required PPE	Notes
<p>Hands</p>	<input type="checkbox"/> Blood/Body Fluid <input type="checkbox"/> Penetration-sharp object <input type="checkbox"/> Penetration-animal bites <input type="checkbox"/> Penetration-rough objects <input type="checkbox"/> Extreme cold <input type="checkbox"/> Extreme heat <input type="checkbox"/> Electrical shock <input type="checkbox"/> Vibration-power tools <input type="checkbox"/> Other _____ <input type="checkbox"/> Chemicals (list) 1. 2. 3. 4. 5. 6.	<input type="checkbox"/> Latex, nitrile or latex free gloves <input type="checkbox"/> Leather/cut resistant gloves <input type="checkbox"/> General purpose work gloves <input type="checkbox"/> Insulated gloves <input type="checkbox"/> Heat/flame resistant gloves <input type="checkbox"/> Insulated rubber gloves; <input type="checkbox"/> Type _____ <input type="checkbox"/> Anti-vibration gloves <input type="checkbox"/> Other _____ <input type="checkbox"/> Chemical resistant gloves; <input type="checkbox"/> Type _____ <input type="checkbox"/> Type _____ <input type="checkbox"/> Type _____ <input type="checkbox"/> Type _____	
<p>Eyes and Face</p>	<input type="checkbox"/> Splashing blood/body fluid <input type="checkbox"/> Irritating fumes/mist/odor <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"/> Laser operations <input type="checkbox"/> Other : <input type="checkbox"/> Splashing chemical (list) 1. 2. 3. 4. 5.	<input type="checkbox"/> Surgical masks <input type="checkbox"/> Safety glasses w/side shields <input type="checkbox"/> Chemical splash goggles <input type="checkbox"/> Safety goggles <input type="checkbox"/> Impact goggles <input type="checkbox"/> Face shield <input type="checkbox"/> Glasses/goggles w/face shield <input type="checkbox"/> Welding glasses with side shields/goggles/helmet/shield <input type="checkbox"/> Shaded safety glasses <input type="checkbox"/> Laser spectacles or goggles <input type="checkbox"/> Other :	
<p>Ears</p>	<input type="checkbox"/> Exposure to noise levels (> 85 dBA 8-hour TWA) <input type="checkbox"/> Exposure to sparks <input type="checkbox"/> Other :	<input type="checkbox"/> Ear muffs, plugs or ear caps <input type="checkbox"/> Leather welding hood <input type="checkbox"/> Other :	
<p>Head</p>	<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 :	<input type="checkbox"/> Hard hat/cap <input type="checkbox"/> Class A <input type="checkbox"/> Class B <input type="checkbox"/> Class C <input type="checkbox"/> Other:	

Respiratory System	<input type="checkbox"/> Infectious agents <input checked="" type="checkbox"/> Nuisance dust/mist <input type="checkbox"/> Asbestos <input type="checkbox"/> Welding fumes <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 :	<input type="checkbox"/> Respirator N95 <input type="checkbox"/> Respirator w/HEPA filter (P100) <input type="checkbox"/> Disposable dust/mist mask <input type="checkbox"/> Welding respirator <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 checked="" type="checkbox"/> Other:	
Feet	<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"/> Penetration-chemical <input type="checkbox"/> Splashing-chemical <input type="checkbox"/> Exposure to extreme cold <input type="checkbox"/> Other :	<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 :	
Body	<input type="checkbox"/> Blood body fluids <input type="checkbox"/> Chemicals <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"/> Exposure to extreme cold <input type="checkbox"/> Unprotected elevated walking/working surface	<input type="checkbox"/> Lab coat <input type="checkbox"/> Gown <input type="checkbox"/> Long sleeves <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"/> Insulated jacket, hood <input type="checkbox"/> Body harness and lanyard <input type="checkbox"/> Other :	
Musculo-skeletal	<input type="checkbox"/> Pt. ambulation/transfer- lifting more than 35 lbs of patient's weight <input type="checkbox"/> Materials handling- lifting more than 50 lbs <input type="checkbox"/> Holding awkward postures <input type="checkbox"/> Other:	<input type="checkbox"/> Pt. mechanical total lifts <input type="checkbox"/> Pt. manual/mechanical stand aid <input type="checkbox"/> Pt. slide and draw sheet <input type="checkbox"/> Ergonomic tools/eqpmt. List: 1. 2. 3. <input checked="" type="checkbox"/> Other :	

CERTIFICATION: I certify that I personally performed the above Hazard Assessment on the date indicated.
This document is a Certification of the Hazard Assessment.

Assessor's Name:	Date:
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