# PERSONAL PROTECTIVE EQUIPMENT
# HAZARD ASSESSMENT RECORD

Department:_____ Assessment Date:_____
Job Title:_____ Job Tasks:_____

| Check off hazards exposed to: | Hazard Type: |
|---|---|
| ❑ falls from heights (self) | PHYSICAL/MECHANICAL |
| ❑ falling objects | PHYSICAL/MECHANICAL |
| ❑ cuts, scratches | PHYSICAL/MECHANICAL |
| ❑ impact, crushing | PHYSICAL/MECHANICAL |
| ❑ penetrations, sharp edges | PHYSICAL/MECHANICAL |
| ❑ slips, trips, falls | PHYSICAL/MECHANICAL |
| ❑ ergonomic factors (back injury, stiff neck, eye strain, carpel tunnel, etc.) | PHYSICAL/MECHANICAL |
| ❑ thermal burns | PHYSICAL/MECHANICAL |
| ❑ heat/cold stress | PHYSICAL/MECHANICAL |
| ❑ UV/IR radiation (welding, cutting, laser) | PHYSICAL/MECHANICAL |
| ❑ electrical | PHYSICAL/MECHANICAL |
| ❑ noise | PHYSICAL/MECHANICAL |
| ❑ rollover (vehicle) | PHYSICAL/MECHANICAL |
| ❑ gases, vapors | CHEMICAL |
| ❑ dusts, fumes, mists | CHEMICAL |
| ❑ splashes, spurts | CHEMICAL |
| ❑ bacteria or viruses | BIOLOGICAL |
| ❑ other? | |

Protection Required (describe: safety glasses, goggles, face shield, etc.)

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|---|
| ❑ head |
| ❑ eye/face |
| ❑ hearing |
| ❑ respiratory |
| ❑ hands/arms |
| ❑ body |
| ❑ feet |
| ❑ other |

Date: _____

Department Head Signature:_____

Safety Department Supervisor Signature:_____