## **PPE HAZARD ASSESSMENT FORM**

I am	A worksite	Specify location:			
reviewing	A single employee's job description	Name of employee:			
(check the		Position Title:			
appropriate	A job description for a	Position Title:	s:		
box):	class of employees	Location:			
Your Name:		Department/Division: Date:			
	<b>EYE HAZARDS:</b> Tasks that can cause eye injury include: working with chemicals or acids; UV lights; chipping, sanding, or grinding; welding; furnace operations; and metal and wood working.				
	Check the appropriate box for each ho	nzard:	Description of hazard(s):	Required PPE	
	Chemical Exposure				
	High Heat/Cold				
	Dust/Flying Debris				
	Impact				
	UV/IR Radiation				
	Other:				
	HEAD/NECK/FACE HAZARDS: Tasks that can cause head/neck/face injury include: working below other workers who are using tools or materials that could fall, working on energized electrical equipment or utilities, and working in trenches or confined spaces.				
	Check the appropriate box for each ha		Description of hazard(s):	Required PPE	
	Chemical Exposure				
	Dust/Flying Debris				
	Impact				
	UV/IR Radiation				
	Electrical Shock				
	Other:				
	FOOT HAZARDS: Tasks that can cause foot injury include: exposure to chemicals or acids, welding or cutting, materials handling, renovation or construction, and electrical work.				
	Check the appropriate box for each ho	nzard:	Description of hazard(s):	Required PPE	
	Chemical Exposure				
	High Heat/Cold				
	Impact/Compression				
	Electrical				
	Puncture				
	Slippery/Wet Surfaces				
	Other:				

	HAND HAZARDS: Hand injury can be caused by: work with chemicals or acids, exposure to cut or abrasion hazards (for example, during demolition, renovation, woodworking, or food service preparation), work with very hot or cold objects or materials, and exposure to sharps.					
	Check the appropriate box for each hazard:	Description of hazard(s):	Required PPE			
	Chemical Exposure					
	High Heat/Cold					
	UV/IR Radiation					
	Electrical Shock					
	Puncture					
	Cuts/Abrasion					
	Other:					
	<b>BODY HAZARDS:</b> Injury of the body (torso, arms, or legs) can occur during: exposure to chemicals, acids, or other hazardous materials; abrasive blasting; welding, cutting, or brazing; chipping, sanding, or grinding; use of chainsaws or similar equipment; and work around electrical arcs.					
	Check the appropriate box for each hazard:	Description of hazard(s):	Required PPE			
	Chemical Exposure	, , , ,	·			
	High Heat/Cold					
	Impact/Compression					
	Electrical Arc					
	Cuts/Abrasion					
	Other:					
	<b>FALL HAZARDS:</b> Personnel may be exposed to fall hazards when performing work on a surface with an unprotected side or edge that is 4 feet or more above a lower level, or 10 feet or more on scaffolds. Fall protection may also be required when using vehicle man lifts, elevated platforms, tree trimming, performing work on poles, roofs, or fixed ladders.					
	Check the appropriate box for each hazard:	Description of hazard(s):	Required PPE			
	Fall hazard					
	NOISE HAZARDS: Personnel may be exposed to noise hazards when working in mechanical rooms; machining; grinding; sanding; cage washing; dish washing; working around pneumatic equipment, grounds equipment, generators, chillers, motors, saws, jackhammers, or similar equipment.					
	Check the appropriate box for each hazard:	Description of hazard(s):	Required PPE			
	Noise hazard	Description of mazurally)	Neganeu 11 E			
	<u></u>					
	<b>RESPIRATORY HAZARDS:</b> Personnel may be exposed to respiratory hazards that require the use of respirators: during emergency response, when using certain chemicals outside of a chemical fume hood; when working with hazardous powders; when entering fume hood plenums, when working with animals; when applying paints or chemicals in confined spaces; when welding, cutting, or brazing on certain metals; and when disturbing asbestos, lead, silica, or other particulate hazards.					
	Check the appropriate box for each hazard:	Description of hazard(s):	Required PPE			
****	Chemical exposure					
	Particulate exposure					
	Other:					
I certify that the a	bove hazard assessment was performed	to the best of my knowledge and ability, based on the hazar	ds present on this date.			
(signature)						