




## PPE Hazard Assessment Form

|  |  |                                  |  |                     |
|--|--|----------------------------------|--|---------------------|
|    | <input type="checkbox"/> A worksite  | Specify Location:                |  |                     |
|  | <input type="checkbox"/> A single employee's job description   | Name of Employee:                |  |                     |
|  |  | Position Title:                  |  |                     |
|  |  | Department:                      |  |                     |
|  | <input type="checkbox"/> A job description for a class of employees  | Position Title:                  |  |                     |
|  |  | Department:                      |  |                     |
| Name of Preparer:  |  | Date:                            |  |                     |
|    | <b>Eye/Face Hazards:</b> Tasks that can cause injury to the eye and/or face include: working with chemicals; biological materials; UV lights; flying particles from chipping, sanding, or grinding; welding; chemical gases or vapors. |                                  |  |                     |
|  | <i>Check the appropriate box for each hazard:</i>  | <i>Description of hazard(s):</i> |  |                     |
|  | Chemical Exposure <input type="checkbox"/>   |                                  |  | <i>Required PPE</i> |
|  | Biological Exposure <input type="checkbox"/>   |                                  |  |                     |
|  | Flying Debris <input type="checkbox"/>   |                                  |  |                     |
|  | Dust <input type="checkbox"/>  |                                  |  |                     |
|  | UV/IR Radiation <input type="checkbox"/>   |                                  |  |                     |
|  | Welding <input type="checkbox"/>   |                                  |  |                     |
|  | Hazard Does Not Exist <input type="checkbox"/>   |                                  |  |                     |
| Other:   |  |                                  |  |                     |
|  | <b>Hand Hazards:</b> Hand injury can be caused by: work with chemicals, biological materials, cut or abrasion hazards, temperature extremes, animal bites, electrical hazards.   |                                  |  |                     |
|  | <i>Check the appropriate box for each hazard:</i>  | <i>Description of hazard(s):</i> |  |                     |
|  | Chemical Exposure <input type="checkbox"/>   |                                  |  | <i>Required PPE</i> |
|  | Biological Exposure <input type="checkbox"/>   |                                  |  |                     |
|  | Electrical <input type="checkbox"/>  |                                  |  |                     |
|  | Puncture <input type="checkbox"/>  |                                  |  |                     |
|  | Cuts/Abrasions <input type="checkbox"/>  |                                  |  |                     |
|  | Animal Bite <input type="checkbox"/>   |                                  |  |                     |
|  | Temperature Extremes <input type="checkbox"/>  |                                  |  |                     |
| Hazard Does Not Exist <input type="checkbox"/>                                     |  |                                  |  |                     |
| Other:   |  |                                  |  |                     |







**Foot Hazards:** Tasks that can cause foot injury include: materials handling, renovation or construction, electrical work, exposure to chemicals, working on wet or slippery floors.

| <i>Check the appropriate box for each hazard:</i> |                          | <i>Description of hazard(s):</i> | <i>Required PPE</i> |
|---|--------------------------|----------------------------------|---------------------|
| Chemical Exposure                                 | <input type="checkbox"/> |                                  |                     |
| Biological Exposure                               | <input type="checkbox"/> |                                  |                     |
| Impact/Compression                                | <input type="checkbox"/> |                                  |                     |
| Electrical  | <input type="checkbox"/> |                                  |                     |
| Puncture  | <input type="checkbox"/> |                                  |                     |
| Wet/Slippery Surfaces                             | <input type="checkbox"/> |                                  |                     |
| Hazard Does Not Exist                             | <input type="checkbox"/> |                                  |                     |
| Other:  |                          |                                  |                     |



**Body Protection:** Injury to the body (torso, arms, or legs) can occur during: exposure to chemicals or other hazardous materials; welding, cutting, or brazing; chipping, sanding, or grinding; and work around electrical arcs.

| <i>Check the appropriate box for each hazard:</i> |                          | <i>Description of hazard(s):</i> | <i>Required PPE</i> |
|---|--------------------------|----------------------------------|---------------------|
| Chemical Exposure                                 | <input type="checkbox"/> |                                  |                     |
| Biological Exposure                               | <input type="checkbox"/> |                                  |                     |
| Temperature Extremes                              | <input type="checkbox"/> |                                  |                     |
| Electrical Arc                                    | <input type="checkbox"/> |                                  |                     |
| Dust  | <input type="checkbox"/> |                                  |                     |
| Cuts/Abrasion                                     | <input type="checkbox"/> |                                  |                     |
| Moving Vehicles                                   | <input type="checkbox"/> |                                  |                     |
| Animal Allergens                                  | <input type="checkbox"/> |                                  |                     |
| Hazard Does Not Exist                             | <input type="checkbox"/> |                                  |                     |
| Other:  |                          |                                  |                     |

|  |   |                          |                                  |                     |
|--|---|--------------------------|----------------------------------|---------------------|
|    | <b>Respiratory Hazards:</b> Employees may be exposed to respiratory hazards that require the use of a respirator: during emergency response; cleaning heat exchangers filters, working with animals, when disturbing asbestos, lead, silica, or other particulate hazards; when using certain chemicals or materials.       |                          |                                  |                     |
|  | <i>Check the appropriate box for each hazard:</i>   |                          | <i>Description of hazard(s):</i> | <i>Required PPE</i> |
|  | Chemical Exposure   | <input type="checkbox"/> |                                  |                     |
|  | Biological Exposure   | <input type="checkbox"/> |                                  |                     |
|  | Particulate Exposure  | <input type="checkbox"/> |                                  |                     |
|  | Welding Fumes   | <input type="checkbox"/> |                                  |                     |
|  | Hazard Does Not Exist   | <input type="checkbox"/> |                                  |                     |
| Other:   |   |                          |                                  |                     |
|    | <b>Head Hazards:</b> Tasks that can cause a head injury include: working below other employees who are using tools or materials that can fall; working on electrical or energized equipment; in renovation and/or construction areas.   |                          |                                  |                     |
|  | <i>Check the appropriate box for each hazard:</i>   |                          | <i>Description of hazard(s):</i> | <i>Required PPE</i> |
|  | Impact  | <input type="checkbox"/> |                                  |                     |
|  | Electrical  | <input type="checkbox"/> |                                  |                     |
|  | Temperature Extremes  | <input type="checkbox"/> |                                  |                     |
|  | Hazard Does Not Exist   | <input type="checkbox"/> |                                  |                     |
| Other:   |   |                          |                                  |                     |
|   | <b>Noise Hazards:</b> Employees may be exposed to high noise hazards when working in mechanical rooms, testing electrical generators, using grounds equipment, in large animal facilities, or using power tools.  |                          |                                  |                     |
|  | <i>Check the appropriate box for each hazard:</i>   |                          | <i>Description of hazard(s):</i> | <i>Required PPE</i> |
|  | High noise hazard   | <input type="checkbox"/> |                                  |                     |
|  | Hazard Does Not Exist   | <input type="checkbox"/> |                                  |                     |
|  | <b>Fall Hazards:</b> Employees may be exposed to fall hazards when performing work on a surface with an unprotected side or edge that is more than 4 feet above a lower level, or 10 or more on scaffolds. Fall protection may be required when using man lifts, tree trimming, performing work on roofs and fixed ladders. |                          |                                  |                     |
|  | <i>Check the appropriate box for each hazard:</i>   |                          | <i>Description of hazard(s):</i> | <i>Required PPE</i> |
|  | Fall Hazard   | <input type="checkbox"/> |                                  |                     |
|  | Hazard Does Not Exist   | <input type="checkbox"/> |                                  |                     |