

# PPE Hazard Assessment Form

Employee Name/Title: \_\_\_\_\_ Assessment Conducted by: \_\_\_\_\_










Department: \_\_\_\_\_ Date of Assessment: \_\_\_\_\_

Job/Task(s): \_\_\_\_\_ Effective Start Date: \_\_\_\_\_

<b>EYES/FACE</b>	<input type="checkbox"/> Negligible Hazard	Can the hazard be eliminated without the use of PPE? Yes <input type="checkbox"/> No <input type="checkbox"/>
Work-related exposure to: <input type="checkbox"/> Airborne dust <input type="checkbox"/> Flying particles <input type="checkbox"/> Hazardous liquids/chemicals <input type="checkbox"/> Intense light <input type="checkbox"/> Blood splashes <input type="checkbox"/> Other: _____	PPE needed to manage hazard: <input type="checkbox"/> Safety glasses <input type="checkbox"/> Safety goggles <input type="checkbox"/> Face shield <input type="checkbox"/> Shading/Filter (#_____) <input type="checkbox"/> Welding shield <input type="checkbox"/> Other: _____	Comments:
<b>HEAD</b>	<input type="checkbox"/> Negligible Hazard	Can the hazard be eliminated without the use of PPE? Yes <input type="checkbox"/> No <input type="checkbox"/>
Work-related exposure to: <input type="checkbox"/> Beams <input type="checkbox"/> Pipes <input type="checkbox"/> Falling objects <input type="checkbox"/> Exposed electrical wiring or components <input type="checkbox"/> Machine parts <input type="checkbox"/> Other: _____	PPE needed to manage hazard: <input type="checkbox"/> Protective helmet <input type="checkbox"/> Type A (low voltage) <input type="checkbox"/> Type B (high voltage) <input type="checkbox"/> Type C <input type="checkbox"/> Hair net or soft cap <input type="checkbox"/> Other: _____	Comments:
<b>HANDS/ARMS</b>	<input type="checkbox"/> Negligible Hazard	Can the hazard be eliminated without the use of PPE? Yes <input type="checkbox"/> No <input type="checkbox"/>
Work-related exposure to: <input type="checkbox"/> Hazardous liquids/chemicals <input type="checkbox"/> Scrapes, bruise, or cut <input type="checkbox"/> Injuries from tools <input type="checkbox"/> Extreme heat/cold <input type="checkbox"/> Blood (OPIM) <input type="checkbox"/> Other: _____	PPE needed to manage hazard: <input type="checkbox"/> Gloves <input type="checkbox"/> Chemical resistance <input type="checkbox"/> Liquid/leak resistance <input type="checkbox"/> Temperature resistance <input type="checkbox"/> Cut resistance <input type="checkbox"/> Gauntlet or long necked <input type="checkbox"/> Work gloves <input type="checkbox"/> Chemical protective sleeves <input type="checkbox"/> Long sleeves <input type="checkbox"/> Other: _____	Comments:
<b>FEET/LEGS</b>	<input type="checkbox"/> Negligible Hazard	Can the hazard be eliminated without the use of PPE? Yes <input type="checkbox"/> No <input type="checkbox"/>
Work-related exposure to: <input type="checkbox"/> Hazardous liquids/chemicals <input type="checkbox"/> Heavy falling/rolling objects <input type="checkbox"/> Heavy equipment <input type="checkbox"/> Exposed electrical wiring or components <input type="checkbox"/> Slippery surfaces <input type="checkbox"/> Explosive atmospheres <input type="checkbox"/> Tools <input type="checkbox"/> Other: _____	PPE needed to manage hazard: <input type="checkbox"/> Closed shoes (e.g. no opened toes or sandals) <input type="checkbox"/> Long pants <input type="checkbox"/> Safety shoes or boots <input type="checkbox"/> Toe protection <input type="checkbox"/> Metatarsal protection <input type="checkbox"/> Electrical protection <input type="checkbox"/> Heat/cold protection <input type="checkbox"/> Anti-slip soles <input type="checkbox"/> Chemical resistance <input type="checkbox"/> Leggings or chaps <input type="checkbox"/> Foot-Leg guards <input type="checkbox"/> Other: _____	Comments:
<b>BODY/SKIN</b>	<input type="checkbox"/> Negligible Hazard	Can the hazard be eliminated without the use of PPE? Yes <input type="checkbox"/> No <input type="checkbox"/>
Work-related exposure to: <input type="checkbox"/> Hazardous liquids/chemicals <input type="checkbox"/> Sharp or rough edges <input type="checkbox"/> Extreme heat/cold <input type="checkbox"/> Other: _____	PPE needed to manage hazard: <input type="checkbox"/> Lab coat <input type="checkbox"/> Raingear <input type="checkbox"/> Coveralls, body suit <input type="checkbox"/> Apron <input type="checkbox"/> Welding leathers <input type="checkbox"/> Abrasion/Cut resistance <input type="checkbox"/> Other: _____	Comments:

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<b>BODY/WHOLE</b> <input type="checkbox"/> Negligible Hazard      Can the hazard be eliminated without the use of PPE? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Work-related exposure to: <input type="checkbox"/> Working from heights of 4 feet or more <input type="checkbox"/> Working near water <input type="checkbox"/> Other: _____	PPE needed to manage hazard: <input type="checkbox"/> Fall arrest/restraint: Type: _____ <input type="checkbox"/> PFD: Type: _____ <input type="checkbox"/> Other: _____	Comments:
<b>LUNGS/EARS</b> <input type="checkbox"/> Negligible Hazard      Can the hazard be eliminated without the use of PPE? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Work-related exposure to: <input type="checkbox"/> Irritating dust or particulate <input type="checkbox"/> Irritating or toxic gas/vapor <input type="checkbox"/> Loud work environment <input type="checkbox"/> Noisy machines/tools <input type="checkbox"/> Other: _____	PPE needed to manage hazard: <input type="checkbox"/> Respirator (Check all that apply below) <input type="checkbox"/> Particulate mask <input type="checkbox"/> Hearing protection	Comments:

<b>NIOSH Only</b>    <b>Half mask/Dust mask</b> APF=10 <i>Needs to be fit tested</i>	  <b>Half mask (Elastomeric)</b> APF=10 <i>Needs to be fit tested</i>	  <b>Full facepiece (Elastomeric)</b> APF=50 <i>Needs to be fit tested</i>	  <b>Loose-Fitting Powered Air-Purifying Respirator (PAPR)</b> APF= 25	  <b>Hood Powered Air-Purifying Respirator (PAPR)</b> APF= 25
  <b>Full Facepiece Supplied-Air Respirator (SAR) with an auxiliary Escape Bottle</b> APF=1,000 APF = 10,000 (if used in "escape" mode) <i>Needs to be fit tested</i>	  <b>Full Facepiece Abrasive Blasting Continuous Flow</b> APF=1,000 <i>Needs to be fit tested</i>	  <b>Full Facepiece Self-Contained Breathing Apparatus (SCBA)</b> Pressure demand mode is APF=10,000 <i>Needs to be fit tested</i>	<b>Dust Mask Only</b>    <b>Half mask/Dust mask</b> APF=10 <i>Needs to be fit tested</i>	Date: 12.28.17 Revision: 1.2