### Hazard assessment for PPE

This tool can help you do a hazard assessment on whether your employees need to use personal protective equipment (PPE) for their daily tasks. The activities are grouped according to what part of the body might need PPE. You can make copies, modify, and customize it to fit the specific needs of your workplace, or develop your own form that is appropriate to your work environment.

This tool can also serve as written certification that you have done a hazard assessment and document your hazard assessment for PPE. Make sure that the blank fields at the beginning of the checklist (indicated by \*) are filled out (see #4 below instructions).

**Instructions:**

1. Do a walk-through survey of each work area and job/task. Read through the list of work activities in the first column, putting a check next to the activities performed in that work area or job.
2. Read through the list of hazards in the second column, putting a check next to the hazards to which employees may be exposed while performing the work activities or while present in the work area (for example, **work activity**: chopping wood; **work-related exposure**: flying particles).
3. Decide how you are going to control the hazards. Consider engineering, workplace, and/or administrative controls to eliminate or reduce the hazards before resorting to using PPE. If the hazard cannot be eliminated without using PPE, indicate which type(s) of PPE will be required to protect your employee from the hazard.
4. Make sure that you complete the following fields on the form (indicated by \*) to certify that a hazard assessment was done:

* Name of your work place
* Address of the work place where you are doing the hazard assessment
* Name of person certifying that a workplace hazard assessment was done
* Date the hazard assessment was done

**PPE hazard assessment certification form**

**\*Name of workplace**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **\*Assessment conducted by**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*Workplace address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **\*Date of assessment:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work area(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Job/Task(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\***Required for certifying the hazard assessment. Use a separate sheet for each job/task or work area.

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| EYES | | |
| **Work activities, such as:**  Abrasive blasting  Sanding  Chopping  Sawing  Cutting  Grinding  Drilling  Hammering  Welding  Punch press operations  Other: | **Work-related exposure to:**  Airborne dust  Flying particles  Blood splashes  Hazardous liquid chemicals  Intense light  Other: | **Can hazard be eliminated without the use  of PPE?**  Yes No  If no, use:  Safety glasses  Side shields  Safety goggles  Dust-tight  Shading/filter (#     )  Goggles  Welding shield  Other: |
| FACE | | |
| **Work activities, such as:**  Cleaning  Foundry work  Cooking  Welding  Siphoning  Mixing  Painting  Pouring molten  Dip tank operations metal  Other | **Work-related exposure to:**  Hazardous liquid chemicals  Extreme heat/cold  Potential irritants:  Ether: | **Can hazard be eliminated without the use  of PPE?**  Yes No  If no, use:  Face shield  Shading/filter (#     )  Welding shield  Other: |
| HEAD | | |
| **Work activities, such as:**  Building maintenance  Confined space operations  Construction  Electrical wiring  Walking/working under catwalks  Walking/working under conveyor belts  Walking/working under crane loads  Utility work  Other: | **Work-related exposure to:**  Beams  Pipes  Exposed electrical wiring or components  Falling objects  Machine parts  Other: | **Can hazard be eliminated without the use  of PPE?**  Yes  No  If no, use:  Protective helmet  Type A (low voltage)  Type B (high voltage)  Type C  Bump cap (not ANSI-approved)  Hair net or soft cap  Other: |
| **HANDS/ARMS** | | |
| **Work activities, such as:**  Baking  Material handling  Cooking  Sanding  Grinding  Sawing  Welding  Hammering  Working with glass  Using computers  Using knives  Dental and health care services  Other: | **Work-related exposure to:**  Blood  Irritating chemicals  Tools or materials that could scrape, bruise, or cut  Extreme heat/cold  Other: | **Can hazard be eliminated without the use  of PPE?**  Yes No  If no, use:  Gloves  Chemical resistance  Liquid/leak resistance  Temperature resistance  Abrasion/cut resistance  Slip resistance  Protective sleeves  Other: |

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| --- | --- | --- |
| FEET/LEGS | | |
| **Work activities, such as:**  Building maintenance  Construction  Demolition  Food processing  Foundry work  Logging  Plumbing  Trenching  Use of highly flammable materials  Welding  Other: | **Work-related exposure to:**  Explosive atmospheres  Explosives  Exposed electrical wiring or components  Heavy equipment  slippery surfaces  tools  other: | **Can hazard be eliminated without the use  of PPE?**  Yes No  If no, use:  Safety shoes or boots  Toe protection  Metatarsal  protection  Electrical protection  Heat/cold  protection  Puncture resistance  Chemical  resistance  Anti-slip soles  Leggings or chaps  Foot-leg guards  Other: |
| BODY/SKIN | | |
| **Work activities such as:**  Baking or frying  Battery charging  Dip tank operations  Fiberglass installation  Irritating chemicals  Sawing  Other: | **Work-related exposure to:**  Chemical splashes  Extreme heat/cold  Sharp or rough edges  Other: | **Can hazard be eliminated without the use**  **of PPE?**  Yes No  If no, use:  Vest, jacket  Coveralls, body suit  Raingear  Apron  Welding leathers  Abrasion/cut resistance  Other: |

|  |  |  |
| --- | --- | --- |
| **BODY/WHOLE 1** | | |
| **Work activities such as:**  Building maintenance  Construction  Logging  Utility work  Other:  ***\*(See Footnote 1)*** | **Work-related exposure to:**  Working from heights of 10 feet or more  Working near water  Other: | **Can hazard be eliminated without the use**  **of PPE?**  Yes  No  If no, use:  Fall arrest/restraint: type:  PFD: Type:  Other: |
| **LUNGS/RESPIRATORY 1** | | |
| **Work activities such as:**  Cleaning  Pouring  Mixing  Sawing  Painting  Fiberglass installation  Compressed air or gas operations  Other:  ***\*(See Footnote 1)*** | **Work-related exposure to:**  Irritating dust or particulate  Irritating or toxic gas/vapor  Other: | **Can hazard be eliminated without the use**  **of PPE?**  Yes No |
| **EARS/HEARING 1** | | |
| **Work activities such as:**  Generator  Grinding  Ventilation fans  Machining  Motors  Routers  Sanding  Sawing  Pneumatic equipment  Punch or brake presses  Use of conveyors  Other:  ***\*(See Footnote 1)*** | **Work-related exposure to:**  Loud noises  Loud work environment  Noisy machines/tools  Punch or brake presses  Other: | **Can hazard be eliminated without the use**  **of PPE?**  Yes  No |

**(1) NOTE:** There are other hazards requiring PPE (such as respiratory, noise, fall, etc. hazards), that are not included in this volume of the PPE Guide.