

## 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.

EYES		
<p><b><u>Work activities, such as:</u></b></p> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> Abrasive blasting</div> <div style="width: 50%;"><input type="checkbox"/> Sanding</div> <div style="width: 50%;"><input type="checkbox"/> Chopping</div> <div style="width: 50%;"><input type="checkbox"/> Sawing</div> <div style="width: 50%;"><input type="checkbox"/> Cutting</div> <div style="width: 50%;"><input type="checkbox"/> Grinding</div> <div style="width: 50%;"><input type="checkbox"/> Drilling</div> <div style="width: 50%;"><input type="checkbox"/> Hammering</div> <div style="width: 50%;"><input type="checkbox"/> Welding</div> <div style="width: 50%;"><input type="checkbox"/> Punch press operations</div> <div style="width: 50%;"><input type="checkbox"/> Other: _____</div> </div>	<p><b><u>Work-related exposure to:</u></b></p> <input type="checkbox"/> Airborne dust <input type="checkbox"/> Flying particles <input type="checkbox"/> Blood splashes <input type="checkbox"/> Hazardous liquid chemicals <input type="checkbox"/> Intense light <input type="checkbox"/> Other: _____	<p><b><u>Can hazard be eliminated without the use of PPE?</u></b></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><u>If no, use:</u></p> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Safety glasses  <input type="checkbox"/> Safety goggles  <input type="checkbox"/> Shading/filter (# _____)  <input type="checkbox"/> Goggles  <input type="checkbox"/> Welding shield  <input type="checkbox"/> Other: _____             </div> <div> <input type="checkbox"/> Side shields  <input type="checkbox"/> Dust-tight             </div> </div>
FACE		
<p><b><u>Work activities, such as:</u></b></p> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> Cleaning</div> <div style="width: 50%;"><input type="checkbox"/> Foundry work</div> <div style="width: 50%;"><input type="checkbox"/> Cooking</div> <div style="width: 50%;"><input type="checkbox"/> Welding</div> <div style="width: 50%;"><input type="checkbox"/> Siphoning</div> <div style="width: 50%;"><input type="checkbox"/> Mixing</div> <div style="width: 50%;"><input type="checkbox"/> Painting</div> <div style="width: 50%;"><input type="checkbox"/> Pouring molten metal</div> <div style="width: 50%;"><input type="checkbox"/> Dip tank operations</div> <div style="width: 50%;"><input type="checkbox"/> Other _____</div> </div>	<p><b><u>Work-related exposure to:</u></b></p> <input type="checkbox"/> Hazardous liquid chemicals <input type="checkbox"/> Extreme heat/cold <input type="checkbox"/> Potential irritants: _____ <input type="checkbox"/> Ether: _____	<p><b><u>Can hazard be eliminated without the use of PPE?</u></b></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><u>If no, use:</u></p> <input type="checkbox"/> Face shield <input type="checkbox"/> Shading/filter (# _____) <input type="checkbox"/> Welding shield <input type="checkbox"/> 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
- Cooking
- Grinding
- Welding
- Working with glass
- Using computers
- Using knives
- Dental and health care services
- Other: \_\_\_\_\_
- Material handling
- Sanding
- Sawing
- Hammering

### 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: \_\_\_\_\_

## 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
- Electrical protection
- Puncture resistance
- Anti-slip soles
- Leggings or chaps
- Foot-leg guards
- Other: \_\_\_\_\_
- Metatarsal protection
- Heat/cold
- Chemical

## 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
- Aelding leathers
- Abrasion/cut resistance
- Other: \_\_\_\_\_

**BODY/WHOLE <sup>1</sup>**

<p><u>Work activities such as:</u></p> <p><input type="checkbox"/> Building maintenance  <input type="checkbox"/> Construction  <input type="checkbox"/> Logging  <input type="checkbox"/> Utility work  <input type="checkbox"/> Other: _____</p> <p><b>*(See Footnote 1)</b></p>	<p><u>Work-related exposure to:</u></p> <p><input type="checkbox"/> Working from heights of 10 feet or more  <input type="checkbox"/> Working near water  <input type="checkbox"/> Other: _____</p>	<p><u>Can hazard be eliminated without the use of PPE?</u></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><u>If no, use:</u></p> <p><input type="checkbox"/> Fall arrest/restraint: type: _____  <input type="checkbox"/> PFD: Type: _____  <input type="checkbox"/> Other: _____</p>
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**LUNGS/RESPIRATORY <sup>1</sup>**

<p><u>Work activities such as:</u></p> <p><input type="checkbox"/> Cleaning  <input type="checkbox"/> Mixing  <input type="checkbox"/> Painting  <input type="checkbox"/> Fiberglass installation  <input type="checkbox"/> Compressed air or gas operations  <input type="checkbox"/> Other: _____</p> <p><input type="checkbox"/> Pouring  <input type="checkbox"/> Sawing</p> <p><b>*(See Footnote 1)</b></p>	<p><u>Work-related exposure to:</u></p> <p><input type="checkbox"/> Irritating dust or particulate  <input type="checkbox"/> Irritating or toxic gas/vapor  <input type="checkbox"/> Other: _____</p>	<p><u>Can hazard be eliminated without the use of PPE?</u></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
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**EARS/HEARING <sup>1</sup>**

<p><u>Work activities such as:</u></p> <p><input type="checkbox"/> Generator  <input type="checkbox"/> Ventilation fans  <input type="checkbox"/> Motors  <input type="checkbox"/> Sanding  <input type="checkbox"/> Pneumatic equipment  <input type="checkbox"/> Punch or brake presses  <input type="checkbox"/> Use of conveyors  <input type="checkbox"/> Other: _____</p> <p><input type="checkbox"/> Grinding  <input type="checkbox"/> Machining  <input type="checkbox"/> Routers  <input type="checkbox"/> Sawing</p> <p><b>*(See Footnote 1)</b></p>	<p><u>Work-related exposure to:</u></p> <p><input type="checkbox"/> Loud noises  <input type="checkbox"/> Loud work environment  <input type="checkbox"/> Noisy machines/tools  <input type="checkbox"/> Punch or brake presses  <input type="checkbox"/> Other: _____</p>	<p><u>Can hazard be eliminated without the use of PPE?</u></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
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**(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.