



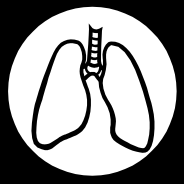






Certification of PPE Hazard Assessment

Work Area Evaluated: _____ Name: _____

Can tasks in this work area affect the following?	Examples of Hazards	PPE REQUIRED (check all that apply)
 <p>Eyes and Face</p>	<ul style="list-style-type: none"> <input type="radio"/> Sun <input type="radio"/> Dust <input type="radio"/> Projectiles <input type="radio"/> Chemicals <input type="radio"/> Blood <input type="radio"/> Other _____ 	<ul style="list-style-type: none"> <input type="radio"/> Safety glasses <input type="radio"/> Splash proof goggle <input type="radio"/> Welding helmet/goggles <input type="radio"/> Face Shield <input type="radio"/> Other _____
 <p>Hands</p>	<ul style="list-style-type: none"> <input type="radio"/> Vibration <input type="radio"/> Chemicals <input type="radio"/> Splinters <input type="radio"/> Poisonous plants <input type="radio"/> Sharp objects <input type="radio"/> Cold /heat <input type="radio"/> Blood <input type="radio"/> Other _____ 	<ul style="list-style-type: none"> <input type="radio"/> Leather work gloves <input type="radio"/> Chemical resistant gloves <input type="radio"/> Healthcare gloves <input type="radio"/> Vinyl gloves <input type="radio"/> Cut-resistant gloves <input type="radio"/> Heat resistant gloves <input type="radio"/> Thermal gloves <input type="radio"/> Other _____
 <p>Feet</p>	<ul style="list-style-type: none"> <input type="radio"/> Impact <input type="radio"/> Compression <input type="radio"/> Sharp objects <input type="radio"/> Slippery area <input type="radio"/> Chemical <input type="radio"/> Heat /cold <input type="radio"/> Electrical <input type="radio"/> Other _____ 	<ul style="list-style-type: none"> <input type="radio"/> Closed toe shoe <input type="radio"/> Closed toe boot <input type="radio"/> Safety toe shoe <input type="radio"/> Safety toe boot <input type="radio"/> Chemical resistant boot <input type="radio"/> Slip resistant sole <input type="radio"/> Electrical hazard rated <input type="radio"/> Other _____

Can tasks in this work area affect the following?	Examples of Hazards	PPE REQUIRED (check all that apply)
 <p>Head</p>	<ul style="list-style-type: none"> ○ Falling/flying objects ○ Work overhead ○ Equipment movement ○ Other_____ 	<ul style="list-style-type: none"> ○ Hard hat ○ Helmet ○ Other_____
 <p>Respiratory</p>	<ul style="list-style-type: none"> ○ Dust ○ Mist ○ Gas ○ Vapor ○ Fume ○ Aerosol ○ Oxygen deficient ○ Other_____ 	<p>Respirator</p> <ul style="list-style-type: none"> ○ Dust mask ○ N95 ○ Air-purifying ○ Full face/half-face ○ PAPR ○ SCBA <p>○Respiratory Protection Program</p>
 <p>Hearing</p>	<ul style="list-style-type: none"> ○ Noise levels > 85 dB ○ Impact ○ Other_____ 	<ul style="list-style-type: none"> ○ Earplugs ○ Earmuffs ○ Ear bands ○ Dual protection ○ Other_____
 <p>Torso</p>	<ul style="list-style-type: none"> ○ Chemical splash ○ Chemical dust ○ Laceration ○ Heat ○ Cold ○ Abrasion ○ Other_____ 	<ul style="list-style-type: none"> ○ Long-sleeve shirt ○ Long pants ○ Kevlar chaps ○ Cotton coverall ○ Fire resistant coverall ○ Tyvek coverall ○ Chemical coverall ○ Other_____

 <p>Fall Protection</p>	<ul style="list-style-type: none"> ○ Fall from height ○ Work in mobile elevated work platform (MEWP) ○ Roof ○ Other_____ 	<ul style="list-style-type: none"> ○ Fall arrest ○ Fall restraint ○ Positioning ○ Other_____
 <p>Other</p>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

Certification:

This certifies that the workplace has been evaluated for hazards to determine if PPE is required.

Name of workplace: _____

Name of person certifying evaluation: _____

Signature: _____ Date: _____
