

CERTIFICATION OF HAZARD ASSESSMENT FORM FOR PPE USE

Staff Member

This form may be used to certify (document in writing) your hazard assessment. Keep it on permanent file in your department. The hazard assessment is accomplished by surveying the workplace to determine where physical or health hazards are present or likely to be present which necessitate the use of personal protective equipment. Any additional or unique hazards should be added to this list of common sources and hazards.

STAFF MEMBER: _____

JOB CLASSIFICATION: _____

PERFORMED BY: _____

LOCATION: _____

Name & Title

Building & Room

DEPARTMENT: _____

DATE: _____

NONE – Hazards requiring personal protective equipment are not present or likely to be present.

SOURCE	ASSESSMENT OF HAZARD	PPE REQUIRED	COMMENTS
<i>Use or handling of:</i> <input type="checkbox"/> Chemicals <input type="checkbox"/> Biological agents, human blood, OPIM <input type="checkbox"/> Radioactive materials	<i>Eye or face injury</i> <input type="checkbox"/> Impact from flying particles <input type="checkbox"/> Chemical splash in eyes <input type="checkbox"/> Facial skin chemical contact <input type="checkbox"/> Nose/mouth contact with blood/OPIM	<input checked="" type="checkbox"/> Safety glasses <input checked="" type="checkbox"/> With side shields <input checked="" type="checkbox"/> Safety goggles <input type="checkbox"/> Chemical splash goggles <input type="checkbox"/> Face shield <input type="checkbox"/> Face mask for blood/OPIM only <input type="checkbox"/> Other	See Eye and Face Protection Factsheet
<input checked="" type="checkbox"/> Areas of suspected or known existence of mold <input checked="" type="checkbox"/> Rooms designated as Isolation For Contagious Diseases	Body/skin/hand contact <input checked="" type="checkbox"/> Biological agents <input type="checkbox"/> Sharps <input type="checkbox"/> Radioactive materials <input type="checkbox"/> Chemicals <input type="checkbox"/> Hot or cold objects	<input type="checkbox"/> Lab coat / Gown <input checked="" type="checkbox"/> Latex gloves <input type="checkbox"/> Apron <input type="checkbox"/> Double latex gloves <input type="checkbox"/> Scrubs <input type="checkbox"/> Rubber gloves <input type="checkbox"/> Tyveks <input type="checkbox"/> Chemical resistant gloves <input checked="" type="checkbox"/> Respirator / type N95 <input type="checkbox"/> Other.....	See Protective Clothing Factsheet
<input checked="" type="checkbox"/> Operating saws, planers and sanders <input checked="" type="checkbox"/> Areas involving demolition	<input checked="" type="checkbox"/> Respiratory: inhalation exposure above exposure standards	<i>Respirator</i> <input type="checkbox"/> Filter or Cartridge EI SCBA or air line <input checked="" type="checkbox"/> Other <u>Respirator Type N 95/ Cartridge 719S...</u>	Respirator program is separate. See Factsheet. Notify HPO.
<input checked="" type="checkbox"/> High noise levels from equipment or operation	<input checked="" type="checkbox"/> Hearing: noise exposure above IOSH standards	<input checked="" type="checkbox"/> Muff <input checked="" type="checkbox"/> Plugs <input type="checkbox"/> Other	Hearing program is separate. See Factsheet.
<i>Non ionizing radiation sources</i> <input type="checkbox"/> Lasers <input type="checkbox"/> Welding <input type="checkbox"/> Infrared <input type="checkbox"/> Ultraviolet	<i>Radiation burns to:</i> <input type="checkbox"/> Eyes, <input type="checkbox"/> Body <input type="checkbox"/> Skin	<input type="checkbox"/> Shaded safety glasses <input type="checkbox"/> With side shields <input type="checkbox"/> Shaded safety goggles <input type="checkbox"/> Welding helmet <input type="checkbox"/> Protective clothing (welding leathers, etc.) <input type="checkbox"/> Barriers, shields <input type="checkbox"/> Other	See Eye and Face, Head, and Protective Clothing Factsheets
<input checked="" type="checkbox"/> <i>General safety: physical hazards from equipment, process, or material</i>	<input checked="" type="checkbox"/> <i>Foot Injury.</i> equipment or object that can fall or roll onto feet <input checked="" type="checkbox"/> <i>Impact or penetration</i> to eye, face, head, body, or soles of foot <input type="checkbox"/> Electrical contact	<input checked="" type="checkbox"/> Safety shoes <input type="checkbox"/> Other..... <input checked="" type="checkbox"/> Safety glasses <input checked="" type="checkbox"/> With side shields <input checked="" type="checkbox"/> Safety goggles <input type="checkbox"/> Face shield <input checked="" type="checkbox"/> Safety shoes <input type="checkbox"/> Hard hats <input type="checkbox"/> Cut resistant gloves <input type="checkbox"/> Coveralls <input type="checkbox"/> Other.....	See Foot Protection Factsheet See Eye and Face, Foot, Head, and Protective Clothing Factsheets
	<input type="checkbox"/> Other: <i>extreme heat or cold</i>	<input type="checkbox"/> Thermal gloves <input type="checkbox"/> Face shields <input type="checkbox"/> Thermal clothing <input type="checkbox"/> Safety glasses <input type="checkbox"/> Barriers /shields <input type="checkbox"/> Other	See Eye and Face, Hand, Foot, and Protective Clothing Fact sheets
<input type="checkbox"/> Ergonomics			
<input type="checkbox"/> Other			