

PPE Hazard Assessment Form

Worksite _____ Task _____

- Sources of motion - machinery, processes, tools, materials, people, etc. Describe:
Sources of high temperature - that could cause burns, ignition, injury to eyes, etc. Describe:
Sources of chemical exposure - splash, vapor, spray, immersion, mixing, pouring, etc. Describe:
Sources of harmful atmospheres - dust, fumes, gasses, mists, vapors, fibers, etc. Describe:
Sources of light radiation - welding, brazing, cutting, furnaces, heat treating, high intensity lights, etc. Describe:
Sources of falling objects - materials, equipment, tools, conveyed materials, hoisting, etc. Describe:
Sources of sharp objects - which could pierce the skin - feet, hands, face, etc. Describe:
Sources of rolling or pinching that could crush - hands, feet. Describe:
Layout of workplace and location of co-workers - adequate space for task. Describe:
Sources of contact with electricity - wires, grounding. Describe:
Sources of noise exposure - machinery, tools, processes, etc. Describe:
Others - Describe:

Required Personal Protective Equipment

Head Protection

- Metal Hard Hat
Plastic Hard Hat
With attached Face Shield
With attached Ear Muffs
Bump Cap

Hair Restraint

- Hair Net
Paper Hat
Other Hat

Eye Protection

- Safety Glasses
Safety Glasses w/ Side Shields
Goggles w/ Solid Lens
Goggles w/ Wire Mesh Lens
Breathable Goggles
Lens Tinting Shade No.

Respiratory Protection

- Disposable Dust Mask
Half Face Respirator
Full Face Respirator
Air Supplied Respirator
Self-Contained Breathing Apparatus (SCBA)

Face Protection

- Face Shield
Welding Helmet Shade No.
Facial Hair Restraint

Hearing Protection

- Ear Plugs
Ear Muffs

Fall Protection

- Full Body Harness
Position Limiting Belt

Body Protection

- Coveralls
Non-Conductive (Tyvek) Clothing
Full Body Apron
Waist Apron

Upper Extremity Protection

- Work Gloves
Chemical Resistant Gloves
Heat Resistant Gloves
Wire Mesh Gloves
Arm Shields
Barrier Cream

Lower Extremity Protection

- Work Boots
Safety Boots
Safety Shoes
Foot Protectors
Ankle Guards

Reference all chemical MSDS as to the proper PPE suggested while using that specific chemical.

Chemical: _____ PPE: _____

I have conducted a workplace survey on the above task to assess the need for personal protective equipment. The personal protective equipment noted above will be required while performing this task.

Signature _____

Date _____