

PERSONAL PROTECTIVE EQUIPMENT SELECTION HAZARD ASSESSMENT FORM

Use this form as an aide to help identify the hazards in the identified work area. Use the collected information to help select appropriate PPE using the OEHS PPE Selection Guide. Note: PPE should only be selected when appropriate Engineering or Administrative controls are not adequate to protect the employee – not as a substitute for engineering and administrative controls.

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|--|------------------|------------------------|-----------------------------|
| Date: | Assessor: | Building: | Room#/Area/Activity: |
| Job Classification (if applicable): | | Job Function(s) | |

HEAD HAZARDS:

Tasks that may cause head hazards include: working below other workers who are using tools and materials which could fall; working on energized electrical equipment; working with chemicals; and working under machinery or processes which might cause materials or objects to fall.

| Check if any of the following HEAD hazards are present: | Describe the hazard(s): | PPE Required: |
|--|-------------------------|---------------|
| <input type="checkbox"/> Burn | | |
| <input type="checkbox"/> Chemical Splash | | |
| <input type="checkbox"/> Electrical Shock | | |
| <input type="checkbox"/> Impact | | |

EYE HAZARDS:

Tasks that may cause eye hazards include: working with chemicals; chipping; grinding; furnace operations; sanding; welding and woodworking.

| Check if any of the following EYE hazards are present: | Describe the hazard(s): | PPE Required: |
|---|-------------------------|---------------|
| <input type="checkbox"/> Chemical / Biological | | |
| <input type="checkbox"/> Particulate / Aerosol | | |
| <input type="checkbox"/> Heat | | |
| <input type="checkbox"/> Impact | | |
| <input type="checkbox"/> Light / Radiation | | |

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HAND HAZARDS:

Tasks that may cause hand hazards include: cutting material working with chemicals and working with hot objects.

| Check if any of the following HAND hazards are present: | Describe the hazard(s): | PPE Required: |
|--|-------------------------|---------------|
| <input type="checkbox"/> Chemical / Biological | | |
| <input type="checkbox"/> Burns | | |
| <input type="checkbox"/> Cuts / Abrasion | | |
| <input type="checkbox"/> Puncture | | |

FOOT HAZARDS:

Tasks that may cause foot hazards include: carrying or handling heavy (>15 lbs.) material that could be dropped; performing manual material handling or working with chemicals.

| Check if any of the following FOOT hazards are present: | Describe the hazard(s): | PPE Required: |
|--|-------------------------|---------------|
| <input type="checkbox"/> Chemical | | |
| <input type="checkbox"/> Compression | | |
| <input type="checkbox"/> Impact | | |
| <input type="checkbox"/> Puncture | | |

OTHER HAZARDS (RESPIRATORY, ETC.):

| Identify any other hazards present: | Describe the hazard(s) and Impacted area (hand, foot, etc.): | PPE Required: |
|-------------------------------------|--|---------------|
| | | |
| | | |

Completion of this form is in compliance with 29 CFR 1910.132(d)(1) which reads:

The employer shall assess the workplace to determine if hazards are present, or are likely to be present, which necessitate the use of personal protective equipment (PPE). If such hazards are present, or likely to be present, the employer shall: select appropriate PPE, communicate selection decisions, assure proper fit, and verify use.

Copies of completed form should be kept on file in the area assessed. Employees must be trained in the proper use of PPE identified in this assessment. This training must be documented and the documentation kept with this assessment

This form must be reviewed annually. If conditions in the assessed area change the area should be re-assessed and a new form completed and filed.

