

PPE Hazard Assessment Form

Personal Protective Equipment Hazard Assessment

The PPE Hazard Assessment form can be used to determine the required PPE by identifying hazards of performing the task and selecting appropriate PPE. The form is grouped according to the body part protected by specific types of PPE.

The form can serve as a written certification of the PPE Hazard Assessment.

Instructions:

1. Conduct a PPE Hazard Assessment initially, when tasks or conditions change, or when PPE is deemed ineffective
2. Perform a walkthrough of the work area and task or job to be performed. Identify hazards that the employee may be exposed to while performing work activities or while present in the work area.
3. Describe the hazards that are present
4. If the hazards cannot be eliminated or controlled without the use of PPE then indicate which type of PPE will be required to protect the employee from the hazard
 - a. PPE alone should not be relied on to provide protection against hazards but should be used in conjunction with guards, engineering controls and good operating practices.
 - b. When selecting PPE select the most protective type available
 - c. The supervisor shall fit the worker with the PPE and give instructions on its use and care.
 - d. The supervisor shall also ensure the employee understands the manufacturer's warning labels and provide training on the limitations of the PPE
5. Make sure that you complete the following fields on the form (indicated by *)
 - a. Name of the worksite or task
 - b. Name of person certifying that a workplace PPE hazard assessment was performed
 - c. Date the PPE hazard assessment was performed
6. Document and certify the PPE Hazard Assessment and maintain documentation for reference and employee training.

PPE Hazard Assessment Form

Department/Group(*):		Date Performed (*):		I certify that the PPE Hazard Assessment was performed to the best of my knowledge and ability, based on the hazards present on the date performed. Name: _____	
<input checked="" type="checkbox"/> A worksite or task (*)	Specify location or task: Use of handheld, corded devices (e.g. ultrasonic scaler, high/low speed handpiece, suction hose)				
	Name of employee(s):				
	Job title of position(s):				
EYE/FACE HAZARDS (Appendix A).					
Check the box for each hazard:		Description of hazard(s):		Controls in place:	Identify required PPE.
Chemical/Biological	Yes <input type="checkbox"/>			<input type="checkbox"/> Fume hood/bio cabinet	<input type="checkbox"/> Safety glasses
Extreme Heat/Cold	Yes <input type="checkbox"/>			<input type="checkbox"/> Enclosure/guarding	<input type="checkbox"/> Goggles- chem or cutting
Dust or Flying Debris	Yes <input type="checkbox"/>			<input type="checkbox"/> Shielding	<input type="checkbox"/> Face shield (type)
Impact or Explosion	Yes <input type="checkbox"/>			<input type="checkbox"/> Safe work practices	<input type="checkbox"/> Welding helmet
UV Light (ex. welding)	Yes <input type="checkbox"/>			<input type="checkbox"/> Dust collection system	<input type="checkbox"/> Laser eyewear
Radiation (ex. lasers)	Yes <input type="checkbox"/>			<input type="checkbox"/> Distance	<input type="checkbox"/> Arc-flash hood
				<input type="checkbox"/> Other:	<input type="checkbox"/> Other:
HEAD HAZARDS (Appendix B).					
Check the box for each hazard:		Description of hazard(s):		Controls in place:	Identify required PPE.
Impact/low clearance	Yes <input type="checkbox"/>			<input type="checkbox"/> Canopy	<input type="checkbox"/> Hard hat – class
Electrical Shock	Yes <input type="checkbox"/>			<input type="checkbox"/> De-energization	<input type="checkbox"/> Bicycle helmets
Entanglement	Yes <input type="checkbox"/>			<input type="checkbox"/> Hair secured	<input type="checkbox"/> Other:
FOOT/LEG HAZARDS (Appendix C)					
Check the box for each hazard:		Description of hazard(s):		Controls in place:	Identify required PPE.
Chemical/Biological	Yes <input type="checkbox"/>			<input type="checkbox"/> Substitution	<input type="checkbox"/> Work boots
Extreme Heat/Cold	Yes <input type="checkbox"/>			<input type="checkbox"/> Mechanical device used	<input type="checkbox"/> Steel-toed shoes/boots
Impact/Compression	Yes <input type="checkbox"/>			<input type="checkbox"/> Housekeeping	<input type="checkbox"/> Slip-resistant shoes
Puncture	Yes <input type="checkbox"/>			<input type="checkbox"/> Isolation/grounding	<input type="checkbox"/> Puncture-resistant shoes
Explosive/Flammable	Yes <input type="checkbox"/>			<input type="checkbox"/> Safe work practices	<input type="checkbox"/> Non-conductive
Slippery/Wet Surfaces	Yes <input type="checkbox"/>			<input type="checkbox"/> Appropriate clothing	<input type="checkbox"/> Metatarsal protection
Electrical	Yes <input type="checkbox"/>			<input type="checkbox"/> Other:	<input type="checkbox"/> Shin guards
					<input type="checkbox"/> Other:
HAND/ARM HAZARDS (Appendix D)					
Check the box for each hazard:		Description of hazard(s):		Controls in place:	Identify required PPE.
Chemical/Biological	Yes <input type="checkbox"/>			<input type="checkbox"/> Substitution (product)	<input type="checkbox"/> Chemical-resistant gloves
Extreme Heat/Cold	Yes <input type="checkbox"/>			<input type="checkbox"/> De-energization	<input type="checkbox"/> Thermal-protective gloves
Cuts or Abrasion	Yes <input type="checkbox"/>			<input checked="" type="checkbox"/> Elimination/isolation	<input type="checkbox"/> Cut-resistant gloves
Puncture or Pinch	Yes <input type="checkbox"/>			<input type="checkbox"/> Mechanical devices	<input type="checkbox"/> Leather gloves
Electrical Shock	Yes <input type="checkbox"/>			<input type="checkbox"/> Guarding/distance	<input type="checkbox"/> Voltage-rated–Class:
Radiation	Yes <input type="checkbox"/>			<input type="checkbox"/> Reduce time exposed	<input type="checkbox"/> Latex/nylon/nitrile gloves
Vibration/Grip/Force	Yes <input checked="" type="checkbox"/>	pullback force/weight generated by corded handheld devices		<input type="checkbox"/> Other:	<input type="checkbox"/> Anti-vibration gloves
Bloodborne Pathogens	Yes <input type="checkbox"/>			<input type="checkbox"/> Other:	<input checked="" type="checkbox"/> CordEze® wristbands/adapters

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BODY/TORSO HAZARDS (Appendix F)				
Check the box for each hazard:		Description of hazard(s):	Controls in place:	Identify required PPE.
Chemical/Biological	Yes <input type="checkbox"/>		<input type="checkbox"/> Reduce time exposed	<input type="checkbox"/> Lab coat or coveralls
Extreme Heat/Cold	Yes <input type="checkbox"/>		<input type="checkbox"/> Guards/barriers	<input type="checkbox"/> Apron (type):
Radiation	Yes <input type="checkbox"/>		<input type="checkbox"/> Substitution (product)	<input type="checkbox"/> Flame-resistant clothing
Particulates/liquids	Yes <input type="checkbox"/>		<input type="checkbox"/> De-energization	<input type="checkbox"/> Aluminized clothing
Cut/Abrasion/Puncture	Yes <input type="checkbox"/>		<input type="checkbox"/> Mechanical devices	<input type="checkbox"/> Vest (high visibility)
Electrical Arc or Blast	Yes <input type="checkbox"/>		<input type="checkbox"/> Distance	<input type="checkbox"/> Tyvek suit
Low visibility	Yes <input type="checkbox"/>		<input type="checkbox"/> Other:	<input type="checkbox"/> Arc-flash suit- calorie rating
				<input type="checkbox"/> Other:

FALL HAZARDS (Appendix G). Work on a surface with an unprotected side or edge that is 4 feet or more above a lower level				
Check the box for each hazard:		Description of hazard(s):	Controls in place:	Identify required PPE.
Fall Hazard	Yes <input type="checkbox"/>		<input type="checkbox"/> Guardrail	<input type="checkbox"/> Full-body harness
			<input type="checkbox"/> Safe work practices	<input type="checkbox"/> Lanyard
				<input type="checkbox"/> Other:

NOISE HAZARDS (Appendix G). Noise exceeding 90 dBA during an 8 hour work period				
Check the box for each hazard:		Description of hazard(s):	Controls in place:	Identify required PPE.
Excessive Noise	Yes <input type="checkbox"/>		<input type="checkbox"/> Noise reduction (design)	<input type="checkbox"/> Ear plugs
Ultrasonics	Yes <input type="checkbox"/>		<input type="checkbox"/> Reduced exposure	<input type="checkbox"/> Ear muffs
				Ear plug/ear muff (combination)

RESPIRATORY HAZARDS (Appendix G) Harmful dusts, mists, fumes				
Check the box for each hazard:		Description of hazard(s):	Controls in place:	Identify required PPE.
Chemicals/Pesticides	Yes <input type="checkbox"/>		<input type="checkbox"/> Fume hood	<input type="checkbox"/> Air-line or SCBA
Particulates	Yes <input type="checkbox"/>		<input type="checkbox"/> Biological safety cabinet	<input type="checkbox"/> PAPR
Nanoscale Particulates	Yes <input type="checkbox"/>		<input type="checkbox"/> Local exhaust ventilation	<input type="checkbox"/> Full-face
Confined Space Work	Yes <input type="checkbox"/>		<input type="checkbox"/> Increase air flow/outside	<input type="checkbox"/> Half-face
Welding/Cutting Fumes	Yes <input type="checkbox"/>		<input type="checkbox"/> Filtration	<input type="checkbox"/> N-95/100
Biologicals	Yes <input type="checkbox"/>		<input type="checkbox"/> Other	<input type="checkbox"/> Dust Mask

List PPE specifications here. Specifications can include type of material, length, thickness or manufacturer and model number.

If there are any other potential exposure hazards or personal protective equipment not identified on the form that need to be addressed, please list below.

- 1.
- 2.

PPE Hazard Assessment Form

The following employees have been provided training on the information in the certified PPE Hazard Assessment.

Number	Printed Name of Employee	Unity ID	Date of Training	Name of Trainer
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				