

PPE HAZARD ASSESSMENT/TRAINING CERTIFICATION FORM

November 2005, version 1.2

Work Area(s): _____ Job/Task(s): _____

(Use a separate sheet for each task)

Assessment Conducted By: _____ Date: _____

Exposed Body Part	▶ ▶ ▶ ▶ Hazard Type(s) ▶ ▶ ▶ ▶ ▶	▶ ▶ ▶ Personal Protective Equipment (PPE) Required		
<input type="checkbox"/> Eye/Face	<input type="checkbox"/> Falling/Flying Objects <input type="checkbox"/> Harmful Dusts <input type="checkbox"/> Extreme Heat/Cold (burns, frostbite) <input type="checkbox"/> Chemical (irritation, burns, exposures) <input type="checkbox"/> Optical (light) Radiation <input type="checkbox"/> Biological (exposures to mucus membranes)	<p>Can hazard(s) be adequately controlled with engineering and administrative controls? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, specify PPE:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <u>1° Protection</u> <input type="checkbox"/> Safety Glasses <input type="checkbox"/> Goggles <input type="checkbox"/> Filter Lenses - shade: _____ (2-14) <input type="checkbox"/> Laser Goggles - OD: _____ (5-8) </td> <td style="width: 50%; vertical-align: top;"> <u>2° Protection</u> (w/ 1° Protection) <input type="checkbox"/> Face Shield <input type="checkbox"/> Welding Helmet </td> </tr> </table>	<u>1° Protection</u> <input type="checkbox"/> Safety Glasses <input type="checkbox"/> Goggles <input type="checkbox"/> Filter Lenses - shade: _____ (2-14) <input type="checkbox"/> Laser Goggles - OD: _____ (5-8)	<u>2° Protection</u> (w/ 1° Protection) <input type="checkbox"/> Face Shield <input type="checkbox"/> Welding Helmet
<u>1° Protection</u> <input type="checkbox"/> Safety Glasses <input type="checkbox"/> Goggles <input type="checkbox"/> Filter Lenses - shade: _____ (2-14) <input type="checkbox"/> Laser Goggles - OD: _____ (5-8)	<u>2° Protection</u> (w/ 1° Protection) <input type="checkbox"/> Face Shield <input type="checkbox"/> Welding Helmet			
<input type="checkbox"/> Hand/Arm	<input type="checkbox"/> Chemical (irritation, burns, exposures) <input type="checkbox"/> Scrapes/Cuts/Punctures <input type="checkbox"/> Extreme Heat/Cold (burns, frostbite) <input type="checkbox"/> Electrical Shock/Burn <input type="checkbox"/> Biological (exposures to damaged skin) <input type="checkbox"/> Radiological	<p>Can hazard(s) be adequately controlled with engineering and administrative controls? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, specify PPE:</p> <input type="checkbox"/> Chemical/Liquid Resistant Gloves Specify: <input type="checkbox"/> Temperature Resistant Gloves <input type="checkbox"/> Abrasion/Cut/Puncture Resistant Gloves <input type="checkbox"/> Slip Resistant Gloves <input type="checkbox"/> Non-Conductive Gloves		
<input type="checkbox"/> Respiratory Tract	<input type="checkbox"/> Chemical <input type="checkbox"/> Harmful Dusts <input type="checkbox"/> Biological <input type="checkbox"/> Radiological	<p>Can hazard(s) be adequately controlled with engineering and administrative controls? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, Contact RM&S @ 621-1570 regarding Respiratory Protection Program.</p>		
<input type="checkbox"/> Hearing	<input type="checkbox"/> Excessive Noise (consider if you must raise voice to communicate @ 3 feet) <input type="checkbox"/> Chemical (affecting auditory nerve)	<p>Can hazard(s) be adequately controlled with engineering and administrative controls? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, Contact RM&S @ 621-1570 regarding Hearing Conservation Program and specify PPE:</p> <input type="checkbox"/> Ear Plugs type _____ NRR <input type="checkbox"/> Ear Muffs type _____ NRR		
<input type="checkbox"/> Head	<input type="checkbox"/> Falling Objects <input type="checkbox"/> Electrical Shock/Burn <input type="checkbox"/> Bumping Against Fixed Objects	<p>Can hazard(s) be adequately controlled with engineering and administrative controls? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, specify PPE:</p> <input type="checkbox"/> Hard Hat - type _____ (A – low voltage, B – high voltage, or C) <input type="checkbox"/> Bump Hat (not for falling/flying objects – not ANSI approved)		
<input type="checkbox"/> Foot/Leg	<input type="checkbox"/> Falling/Rolling Objects <input type="checkbox"/> Punctures <input type="checkbox"/> Chemical <input type="checkbox"/> Extreme Heat/Cold (burns, frostbite) <input type="checkbox"/> Electrical Shock/Burn (contact w/electrical hazards)	<p>Can hazard(s) be adequately controlled with engineering and administrative controls? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, specify PPE:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Safety Shoes <input type="checkbox"/> Leggings <input type="checkbox"/> Shoe Covers <input type="checkbox"/> Other </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Toe/Metatarsal Guards <input type="checkbox"/> Combo. Foot/Shin Guards <input type="checkbox"/> Conductive Shoes <input type="checkbox"/> Non-Conductive Safety Shoes </td> </tr> </table>	<input type="checkbox"/> Safety Shoes <input type="checkbox"/> Leggings <input type="checkbox"/> Shoe Covers <input type="checkbox"/> Other	<input type="checkbox"/> Toe/Metatarsal Guards <input type="checkbox"/> Combo. Foot/Shin Guards <input type="checkbox"/> Conductive Shoes <input type="checkbox"/> Non-Conductive Safety Shoes
<input type="checkbox"/> Safety Shoes <input type="checkbox"/> Leggings <input type="checkbox"/> Shoe Covers <input type="checkbox"/> Other	<input type="checkbox"/> Toe/Metatarsal Guards <input type="checkbox"/> Combo. Foot/Shin Guards <input type="checkbox"/> Conductive Shoes <input type="checkbox"/> Non-Conductive Safety Shoes			
<input type="checkbox"/> Body	<input type="checkbox"/> Chemical <input type="checkbox"/> Harmful Dusts <input type="checkbox"/> Extreme Heat/Cold (burns, frostbite, heat/cold stress) <input type="checkbox"/> Electrical Shock/Burn <input type="checkbox"/> Radiological <input type="checkbox"/> Biological (exposures to damaged skin) <input type="checkbox"/> Falls (consider if working 4 feet above lower surface) <input type="checkbox"/> Traffic safety –high visibility	<p>Can hazard(s) be adequately controlled with engineering and administrative controls? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, specify PPE:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Apron <input type="checkbox"/> Coverall <input type="checkbox"/> Vest <input type="checkbox"/> Jacket <input type="checkbox"/> Other </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Lab Coat <input type="checkbox"/> Gown <input type="checkbox"/> Full-Body Suit <input type="checkbox"/> Personal Fall Arrest System </td> </tr> </table>	<input type="checkbox"/> Apron <input type="checkbox"/> Coverall <input type="checkbox"/> Vest <input type="checkbox"/> Jacket <input type="checkbox"/> Other	<input type="checkbox"/> Lab Coat <input type="checkbox"/> Gown <input type="checkbox"/> Full-Body Suit <input type="checkbox"/> Personal Fall Arrest System
<input type="checkbox"/> Apron <input type="checkbox"/> Coverall <input type="checkbox"/> Vest <input type="checkbox"/> Jacket <input type="checkbox"/> Other	<input type="checkbox"/> Lab Coat <input type="checkbox"/> Gown <input type="checkbox"/> Full-Body Suit <input type="checkbox"/> Personal Fall Arrest System			

Personal Protective Equipment (PPE) Training

(check)

- When the PPE specified on the opposite page is necessary.
- What PPE is necessary for the task specified on the opposite page.
- How to properly don, doff, adjust, and wear the PPE specified on the opposite page.
- The limitations of the PPE
- The proper care, maintenance, useful life and disposal of the PPE.

I have provided the following employees training on the above information and they demonstrate an understanding of the training.

Supervisor's Name: _____ Supervisor's Signature: _____ Date: _____

Employee's Name: _____ Employee's Signature: _____ Date: _____

Employee's Name: _____ Employee's Signature: _____ Date: _____

Employee's Name: _____ Employee's Signature: _____ Date: _____

Employee's Name: _____ Employee's Signature: _____ Date: _____

Employee's Name: _____ Employee's Signature: _____ Date: _____

Employee's Name: _____ Employee's Signature: _____ Date: _____

Employee's Name: _____ Employee's Signature: _____ Date: _____

Employee's Name: _____ Employee's Signature: _____ Date: _____

Employee's Name: _____ Employee's Signature: _____ Date: _____

Employee's Name: _____ Employee's Signature: _____ Date: _____