

PERSONAL PROTECTIVE EQUIPMENT SELECTION HAZARD ASSESSMENT FORM

Instructions:

Light / Radiation

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. Date: _____ Assessor: _____ Building: _____ Room #/Area/Activity: _____ **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 Describe the hazard(s): PPE Required: following **HEAD** hazards are present: Burn **Chemical Splash Electrical Shock 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 Describe the hazard(s): PPE Required: following **EYE** hazards are present: Chemical / **Biological** Particulate / Aerosol Heat **Impact**

	d Hazards: s that may cause hand ha	zards include: cutting material' working with chemicals and working with	hot objects
	Check if any of the	Describe the hazard(s):	PPE Required:
	following HAND	Describe the nazara(s).	The quites.
	hazards are present:		
	Chemical / Biological		
	Burns		
	Cuts / Abrasion		
	Puncture		
	Check if any of the	pards include: carrying or handling heavy (>15 lbs.) material that could be describe the hazard(s):	dropped; performing manual material handling or working with chemicals PPE Required:
	following <u>FOOT</u> hazards are present:		
	Chemical		
	Compression		
	Impact		
	Puncture		
Othe	r Hazards (Respiratory	v, 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.