

Date of Assessment: _____

NAME OF ASSESSOR: _____

LOCATION PERSONNEL INVOLVED IN ASSESSMENT: _____

List Job Tasks or Work Areas Observed:

NO OTHER JOB TASKS OR WORK AREAS WERE OBSERVED

PERSONAL PROTECTIVE EQUIPMENT HAZARD ASSESSMENT

ITEM	YES	NO	HAZARD SOURCE ¹	HAZARD SEVERITY ²	HAZARD PROBABILITY ²	HAZARD INDEX ²	FREQUENCY ³	APPROPRIATE PPE
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EYE AND FACE PROTECTION

Employees are exposed to flying particles, molten metals, liquid chemicals, acids, caustic liquids, chemical gasses or vapors, or potentially harmful light radiation.								
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Comments (Identify hazard & job step):

HEAD PROTECTION

The employee works where there is a potential for head injury from a falling object.								
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Comments (Identify hazard & job step):

The employee works near exposed electrical conductors which could contact the head.								
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Comments (Identify hazard & job step):

The employee works where a caught on hazard exists for hair.								
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Comments (Identify hazard & job step):

FOOT PROTECTION

The employee works in an area where there is potential exposure to foot injury due to falling or rolling objects.								
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Comments (Identify hazard & job step):

The employee works in an area where there is potential foot injury due to piercing the sole of the shoe.								
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Comments (Identify hazard & job step):

PERSONAL PROTECTIVE EQUIPMENT HAZARD ASSESSMENT

ITEM			HAZARD SOURCE ¹	HAZARD SEVERITY ²	HAZARD PROBABILITY ²	HAZARD INDEX ²	FREQUENCY ³	APPROPRIATE PPE
	YES	NO						
Employee works where floor surface may create a slip hazard.								

Comments (Identify hazard & job step):

HAND PROTECTION

Employee's hands are exposed harmful hazards from harmful substances, severe cuts, lacerations, abrasions or punctures, chemical burns or temperature extremes.								
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Comments (Identify hazard & job step):

CLOTHING PROTECTION

Employees are exposed to harmful materials, chemicals, temperature extremes, or source of cuts, lacerations or punctures.								
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Comments (Identify hazard & job step):

FALL PROTECTION

Employees working at an elevated work area where a slip/fall is a potential hazard.								
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Comments (Identify hazard & job step):

1 – Identify machinery, chemical, work area, etc. which is source of potential source of a hazard.
 2 – See attached Hazard Index chart for identification.
 3 – Frequency per period is acceptable (i.e. #/hour, #/minute).

HAZARD INDEX

HAZARD PROBABILITY	HAZARD SEVERITY		
	<u>CRITICAL (I)</u> <i>May cause server injury</i>	<u>MARGINAL (II)</u> <i>May cause minor injury</i>	<u>NEGLIGIBLE (III)</u> <i>Probably would not affect personnel or may cause first aid visit</i>
Likely to occur immediately or within a short period of time	1	1	2
B = Probably will occur in time	1	1	2
C = May occur in time	1	2	3
D = Unlikely to occur	2	3	3

HAZARD INDEX

1 - PPE is required. Engineering modifications are strongly recommended where feasible.

2 - PPE is strongly recommended. Engineering modifications are strongly recommended where feasible.

3 - PPE may not be necessary.

CERTIFICATION OF PPE HAZARD ASSESSMENT

Job Task or Work Area: _____

Date of Assessment: _____

I certify that a hazard assessment meeting was conducted at the job task or work area indicated above. This assessment was conducted to identify hazards present or likely to be present which necessitate the use of personal protective equipment

Signature of Individual Making Certification: _____

PERSONAL PROTECTIVE EQUIPMENT CHECKLIST

This checklist covers the hazard assessment and personal protective equipment for eye, face, hand and foot protection. The checklist provides documentation as to the process used when answering questions.

PERSONAL PROTECTIVE EQUIPMENT CHECKLIST	YES	NO
General		
1-1 Has a written program been created to cover Personal Protective Equipment?		
At a minimum, does this program cover the following requirements:		
a. Scope of the program, employees covered and responsibilities assigned?		
b. Conducting a hazard assessment?		
c. Training programs?		
Hazard Assessment		
2-1 Has the employer conducted a hazard assessment of the workplace to determine if hazards are present or likely to be present which would require the use of personal protective equipment?		
2-2 If hazards are present, does the employer require each affected employee to use PPE which will protect the employee from the hazards identified in the hazard assessment?		
2-1 Does the employer communicate PPE selection decisions to each affected employee?		
2-2 Does the employer provide written proof that a workplace hazard assessment has been performed?		
a. The written certification identifies the workplace evaluated.		
b. The certification identifies the person conducting the assessment.		
c. The written certification identifies the date(s) of the assessment.		
d. The certification states the document is a hazard assessment.		
Training		
3-1 Does the employer provide training to each employee using PPE covering:		
a. When PPE is necessary?		
b. What PPE is necessary?		
c. How to properly put on PPE?		
d. How to properly takeoff PPE?		

PERSONAL PROTECTIVE EQUIPMENT CHECKLIST		YES	NO
e.	How to properly adjust PPE?		
f.	How to properly wear PPE?		
3-2	Does the employer provide proof that each affected employee has received and understands the training through a written certification?		
a.	The certification includes the name of each employee trained.		
b.	The certification includes the date of training.		
c.	The certification outlines the topic of training.		
3-3	Does the employer provide retraining for employees when:		
a.	Changes in the workplace make previous training obsolete?		
b.	Changes in the type of PPE to be used make previous training obsolete?		
c.	There are indications that an affected employee's knowledge or use of assigned PPE lacks the necessary understanding or skill to use the equipment properly.		
Equipment			
4-1	Does the employer verify that PPE selected properly fits each affected employee?		
4-2	Does the employer verify that provided protective equipment is used and maintained in sanitary and reliable condition? Defective or damaged personal protective equipment is not used.		
4-3	Does the employer take precautions to insure that employee owned equipment is adequate?		
4-4	Does the employer take precautions to insure that employee owned personal protective equipment is properly maintained and sanitized by employees?		
Eye and Face Protection			
5-1	Does the employer insure that each affected employee uses appropriate eye or face protection when exposed to eye or face hazards from flying particles, molten metals, liquid chemicals, acids or caustic liquids, chemical gases or vapors or potentially damaging light radiation?		
5-2	Does the employer require that each affected employee use eye protection which provides side protection when flying particles are present? (Detachable side shields acceptable).		
5-3	Does the employer insure that affected employees who wear prescription lenses while engaged in operations requiring eye protection wear eye protection that incorporates the prescription in the design?		

PERSONAL PROTECTIVE EQUIPMENT CHECKLIST		YES	NO
5-4	If prescription eye protection equipment is not provided, does the employer provide eye protection which can be worn over the prescriptive lenses?		
5-5	Does the employer verify that eye and face PPE is distinctly marked to identify the manufacturer?		
5-6	Does the employer insure that employees exposed to potentially injurious light radiation are using the appropriate filter lenses and shade number to provide necessary protection?		
5-7	Does all protective eye and face equipment purchased after July 5, 1994 reportedly comply with ANSI Z87.1-1989?		
5-8	Does all protective eye and face equipment purchased before July 5, 1994 reportedly comply with ANSI Z87.1-1968?		
Foot Protection			
6-1	Does the employer require that each affected employee wear protective footwear when working in areas where there is a danger of foot injuries due to falling or rolling objects, objects piercing the sole or the employees feet are exposed to an electrical hazard?		
6-2	Does foot protection purchased after July 5, 1994 reportedly comply with ANSI Z41-1983?		
6-3	Does foot protection purchased before July 5, 1994 reportedly comply with ANSI Z41-1967?		