

Personal Protective Equipment Assessment Certification

Location _____ Date _____

Job Title _____

For each hazard checked "YES" you must either determine that the hazard is Eliminated or Guarded or list the effective PPE for that hazard

Hazard List	Yes	No	Eliminated or Guarded	Required PPE
Is there hazard to the Head from				
Falling or flying object				
Overhead work				
Elevated Conveyors				
Low Fixed Objects				
Forklifts				
Exposed electrical circuits				
Other				
Is there hazard to the Eyes or Face from				
Flying Particles				
Molten Metal				
Sparks				
Liquid Chemicals				
Vapors or Gases				
Dust				
High Intensity Light				
Extreme Heat or Cold				
Other				
Is there hazard to the Feet from				

Falling or Rolling Objects				
Sharp or Piercing objects				
Exposed Electrical Circuits				
Wet or Slippery Surfaces				
Chemicals				
Extreme Heat or Cold				
Other				

Is there hazard to the Hands

Chemicals				
Sharp or Rough Objects				
Extreme Heat or Cold				
Repetitive motion				
Other				

Are there any hazards to the Body or Skin from

Bloodborne Pathogens				
Lifting or Carrying				
Falling				
Tripping				
Radiation				
Molten Metal				
Chemicals				
Extreme Heat or Cold				
Other				

Is there hazard to the Lungs from

Dust				
Mist				

Fumes				
Organic Vapors				
Smoke				
Other				

Comments

Certification

This PPE Assessment has been performed to determine specific hazards for this job/task at the above listed location and to determine the required Personal Protective Equipment to protect the employee from those hazards. Actions taken during this survey included observation of an employee performing tasks, task environment analysis, review of previous accidents and injuries, review of the job safety analysis and use of PPE selection guideline and discussion with affected employees.

Conducted by [print name]
 _____ Date: _____

Conducted by [signature] _____

Reviewed by Department Head

Reviewed by Safety Manager

Approved by Location Manager
