

Appendix A

PPE Hazard Assessment Worksheet

This tool in combination with Appendix B (Summary of PPE Requirements) serves as written certification that you have completed a hazard assessment for PPE.

Instructions:

1. Identify any possible activities that could cause a hazard by reviewing items listed in the first column, putting a check next to the activities performed in that work area or job/task. **NOTE: the activities listed in the first column are not all inclusive. You may need to write down other activities that are not listed.**
2. Identify any possible hazards that could cause injury by reviewing the items listed in the second column, putting a check next to the hazards to which employees may be exposed while performing the work activities or while present in the work area. (For e.g., work activity: chopping wood; hazard: flying particles). **NOTE: the hazards listed in the second column are not all inclusive. You may need to write down other hazards that are not listed.**
3. Determine if the hazard can be eliminated. If the hazard cannot be eliminated without using PPE, indicate which type(s) of PPE will be required to protect your employees from the hazard. **NOTE: The PPE listed in the third column is not all inclusive. You may need to write down other PPE that is not listed.**

If having trouble determining correct PPE, Contact Risk & Insurance
agermaiax@pgcc.edu.

PPE Hazard Assessment Worksheet

Assessment conducted by (Print and Sign):	Task or Work Area:
Date:	Work Unit and Department:
Campus location:	Job title of personnel conducting work:

Use a separate sheet for each task or work area

EYES		
Task or Work Area, such as: <input type="checkbox"/> abrasive blasting <input type="checkbox"/> sanding <input type="checkbox"/> chopping <input type="checkbox"/> sawing <input type="checkbox"/> cutting <input type="checkbox"/> grinding <input type="checkbox"/> drilling <input type="checkbox"/> hammering <input type="checkbox"/> welding <input type="checkbox"/> lab work <input type="checkbox"/> press operations <input type="checkbox"/> yard work <input type="checkbox"/> machining <input type="checkbox"/> laser use <input type="checkbox"/> Name task or work area: _____	HAZARD(s): <input type="checkbox"/> airborne dust <input type="checkbox"/> flying particles <input type="checkbox"/> blood or other potentially infectious material splashes <input type="checkbox"/> hazardous chemicals <input type="checkbox"/> intense light (ex. Lasers, welding) <input type="checkbox"/> cryogenic liquids <input type="checkbox"/> pesticide use <input type="checkbox"/> Name other hazard: _____ _____	Can hazard be eliminated without the use of PPE? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, use: <input type="checkbox"/> Safety glasses <input type="checkbox"/> Safety goggles <input type="checkbox"/> Laser safety glasses <input type="checkbox"/> Welding shield/helmet (shade # _____) see appendix F <input type="checkbox"/> Name other PPE: _____ _____ <input type="checkbox"/> No PPE Required
FACE		
Task or Work Area, such as: <input type="checkbox"/> cleaning <input type="checkbox"/> lab work <input type="checkbox"/> welding <input type="checkbox"/> furnace operations <input type="checkbox"/> mixing <input type="checkbox"/> yard work <input type="checkbox"/> painting <input type="checkbox"/> pouring molten metal <input type="checkbox"/> dip tank operations <input type="checkbox"/> Name task or work area: _____	HAZARD(s): <input type="checkbox"/> hazardous chemicals <input type="checkbox"/> extreme heat/cold <input type="checkbox"/> potential irritants <input type="checkbox"/> flying particles <input type="checkbox"/> Name other hazard: _____ _____	Can hazard be eliminated without the use of PPE? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, use: <input type="checkbox"/> Face shield <input type="checkbox"/> Welding shield/helmet (shade # _____) see appendix F <input type="checkbox"/> Name other PPE: _____ _____ <input type="checkbox"/> No PPE Required

HEAD

<p><u>Task or Work Area, such as:</u></p> <input type="checkbox"/> building maintenance <input type="checkbox"/> confined space operations <input type="checkbox"/> construction <input type="checkbox"/> electrical wiring <input type="checkbox"/> walking/working under crane loads <input type="checkbox"/> utility work <input type="checkbox"/> Name task or work area: _____	<p><u>HAZARD(s):</u></p> <input type="checkbox"/> overhead beams <input type="checkbox"/> overhead pipes <input type="checkbox"/> exposed electrical wiring or components <input type="checkbox"/> falling objects <input type="checkbox"/> machine parts (ex. Entanglement) <input type="checkbox"/> Name other hazard: _____	<p><u>Can hazard be eliminated without the use of PPE?</u> Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><u>If no, use:</u></p> <input type="checkbox"/> Protective Helmet <input type="checkbox"/> Type E (up to 2,200 volts) <input type="checkbox"/> Type G (up to 20,000 volts) <input type="checkbox"/> Type C (no electrical protection) <input type="checkbox"/> Bump cap (not ANSI-approved) <input type="checkbox"/> Hair net or soft cap <input type="checkbox"/> Name other PPE: _____ <input type="checkbox"/> No PPE Required
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HANDS/ARMS

<p><u>Task or Work Area, such as:</u></p> <input type="checkbox"/> animal handling <input type="checkbox"/> material handling <input type="checkbox"/> cooking <input type="checkbox"/> sanding <input type="checkbox"/> grinding <input type="checkbox"/> sawing <input type="checkbox"/> welding <input type="checkbox"/> hammering <input type="checkbox"/> working with glass <input type="checkbox"/> yard work <input type="checkbox"/> using knives <input type="checkbox"/> health care services <input type="checkbox"/> Name task or work area: _____	<p><u>HAZARD(s):</u></p> <input type="checkbox"/> blood or other potentially infectious material <input type="checkbox"/> hazardous chemicals <input type="checkbox"/> tools or materials that could scrape, bruise, cut or puncture <input type="checkbox"/> extreme heat/cold <input type="checkbox"/> electricity <input type="checkbox"/> Name other hazard: _____	<p><u>Can hazard be eliminated without the use of PPE?</u> Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><u>If no, use:</u></p> <input type="checkbox"/> Gloves <input type="checkbox"/> Chemical resistance <input type="checkbox"/> Liquid/leak resistance <input type="checkbox"/> Temperature resistance <input type="checkbox"/> Abrasion/cut resistance <input type="checkbox"/> Slip resistance <input type="checkbox"/> Voltage rated <input type="checkbox"/> Protective sleeves <input type="checkbox"/> Long sleeve shirt <input type="checkbox"/> Name other PPE: _____ <input type="checkbox"/> No PPE Required
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FEET/LEGS

<p>Task or Work Area, such as:</p> <input type="checkbox"/> building maintenance <input type="checkbox"/> construction <input type="checkbox"/> demolition <input type="checkbox"/> food processing <input type="checkbox"/> animal handling <input type="checkbox"/> logging (ex. chainsaw) <input type="checkbox"/> plumbing <input type="checkbox"/> trenching <input type="checkbox"/> welding <input type="checkbox"/> Name task or work area: _____	<p>HAZARD(s):</p> <input type="checkbox"/> objects that can roll over feet <input type="checkbox"/> hazardous chemicals <input type="checkbox"/> material handling <input type="checkbox"/> exposed electrical wiring or components <input type="checkbox"/> heavy equipment (ex. Forklift, pallet jack) <input type="checkbox"/> slippery surfaces <input type="checkbox"/> tools <input type="checkbox"/> Name other hazard: _____	<p>Can hazard be eliminated without the use of PPE? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If no, use:</p> <input type="checkbox"/> Safety shoes or boots <input type="checkbox"/> Toe protection <input type="checkbox"/> Metatarsal protection <input type="checkbox"/> Electrical protection <input type="checkbox"/> Heat/cold protection <input type="checkbox"/> Puncture resistance <input type="checkbox"/> Chemical resistance <input type="checkbox"/> Anti-slip soles <input type="checkbox"/> Leggings or chaps <input type="checkbox"/> Long pants <input type="checkbox"/> Closed toe shoe <input type="checkbox"/> Name other PPE: _____ <input type="checkbox"/> No PPE Required
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BODY

<p>Task or Work Area, such as:</p> <input type="checkbox"/> baking or frying <input type="checkbox"/> building maintenance <input type="checkbox"/> battery charging <input type="checkbox"/> construction <input type="checkbox"/> dip tank operations <input type="checkbox"/> utility work <input type="checkbox"/> fiberglass installation <input type="checkbox"/> scaffold use <input type="checkbox"/> irritating chemicals <input type="checkbox"/> aerial lift use <input type="checkbox"/> sawing <input type="checkbox"/> working near water <input type="checkbox"/> item under pressure <input type="checkbox"/> live electrical work <input type="checkbox"/> use of highly flammable materials <input type="checkbox"/> Working on/near roadway <input type="checkbox"/> Name task or work area: _____	<p>HAZARD(s):</p> <input type="checkbox"/> chemical splashes <input type="checkbox"/> extreme heat/cold <input type="checkbox"/> sharp or rough edges <input type="checkbox"/> exposed electrical wiring or components <input type="checkbox"/> height of more than 10 feet on scaffold <input type="checkbox"/> height of 6 feet during maintenance/construction activities <input type="checkbox"/> contact with motor vehicle <input type="checkbox"/> hunting / gun fire <input type="checkbox"/> Name other hazard: _____	<p>Can hazard be eliminated without the use of PPE? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If no, use:</p> <input type="checkbox"/> High Visibility Clothing <input type="checkbox"/> Fluorescent orange vest & cap <input type="checkbox"/> Flame Retardant Clothing <input type="checkbox"/> Coveralls, Body suit <input type="checkbox"/> Chemical resistant suit <input type="checkbox"/> Arc Flash PPE <input type="checkbox"/> Fall arrest/restraint equipment <input type="checkbox"/> Apron <input type="checkbox"/> Personal Flootation Device <input type="checkbox"/> Welding leathers <input type="checkbox"/> Abrasion/cut resistance <input type="checkbox"/> Name other PPE: _____ <input type="checkbox"/> No PPE Required
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LUNGS/RESPIRATORY		
<p>Task or Work Area, such as:</p> <input type="checkbox"/> cleaning <input type="checkbox"/> pouring <input type="checkbox"/> mixing <input type="checkbox"/> sawing <input type="checkbox"/> painting <input type="checkbox"/> fiberglass installation <input type="checkbox"/> compressed air or gas operations <input type="checkbox"/> welding <input type="checkbox"/> Name task or work area: _____	<p>HAZARD(s):</p> <input type="checkbox"/> irritating dust or particulate <input type="checkbox"/> irritating or toxic gas/vapor <input type="checkbox"/> Pesticides <input type="checkbox"/> Name other hazard: _____ _____	<p>Can hazard be eliminated without the use of PPE? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><i>(EHS must be contacted before employees are permitted to utilize a respirator)</i></p> <input type="checkbox"/> Dust mask <input type="checkbox"/> 1/2 mask <input type="checkbox"/> Full mask <input type="checkbox"/> Powered Air Purifying Respirator (PAPR) <input type="checkbox"/> Self Contained Breathing Apparatus (SCBA) <input type="checkbox"/> Name other PPE: _____ _____ <input type="checkbox"/> No PPE Required
EARS/HEARING		
<p>Task or Work Area, such as:</p> <input type="checkbox"/> generator <input type="checkbox"/> grinding <input type="checkbox"/> ventilation fans <input type="checkbox"/> machining <input type="checkbox"/> motors <input type="checkbox"/> routers <input type="checkbox"/> sanding <input type="checkbox"/> sawing <input type="checkbox"/> pneumatic equipment <input type="checkbox"/> punch or brake presses <input type="checkbox"/> use of conveyors <input type="checkbox"/> Name task or work area: _____	<p>HAZARD(s):</p> <input type="checkbox"/> loud noises <input type="checkbox"/> loud work environment <input type="checkbox"/> noisy machines/tools <input type="checkbox"/> punch or brake presses <input type="checkbox"/> landscaping equipment (ex. Lawn mower, blower, weed whacker) <input type="checkbox"/> firearms <input type="checkbox"/> Name other hazard: _____ _____	<p>Can hazard be eliminated without the use of PPE? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <input type="checkbox"/> Ear Plugs <input type="checkbox"/> Ear Muffs <input type="checkbox"/> Name other PPE: _____ _____ <input type="checkbox"/> No PPE Required