Hazard Assessment For PPE

Use with WAC 296-800-160 Personal Protective Equipment (PPE)

This tool can help you do a hazard assessment to see if your employees need to use personal protective equipment (PPE) by identifying activities that may create hazards for your employees. The activities are grouped according to what part of the body might need PPE. You can make copies, modify and customize it to fit the specific needs of your particular work place, or develop your own form that is appropriate to your work environment.

This tool can also serve as written certification that you have done a hazard assessment as required by WAC 296-800-16010 Document your hazard assessment for PPE. Make sure that the blank fields at the beginning of the checklist (indicated by *) are filled out (see below, Instructions #4).

Instructions:

1. Do a walk through survey of each work area and job/task. Read through the list of work activities in the first column, putting a check next to the activities performed in that work area or job.

2. Read through the list of hazards 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; work-related exposure: flying particles).

3. Decide how you are going to control the hazards. Try considering engineering, work place, and/or administrative controls to eliminate or reduce the hazards before resorting to using PPE. If the hazard cannot be eliminated without using PPE, indicate which type(s) of PPE will be required to protect your employee from the hazard.

4. Make sure that you complete the following fields on the form (indicated by *) to certify that a hazard assessment was done:

   *Name of your work place
   *Address of the work place where you are doing the hazard assessment
   *Name of person certifying that a workplace hazard assessment was done
   *Date the hazard assessment was done
Option 1

**PPE Hazard Assessment Certification Form**

*Name of work place: ____________________________

*Work place address: ____________________________

Work area(s): __________________________________

*Assessment conducted by: ________________________

*Date of assessment: ____________________________

Job/Task(s): ____________________________________

*Required for certifying the hazard assessment. Use a separate sheet for each job/task or work area

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### EYES

**Work activities, such as:**

- [ ] abrasive blasting
- [ ] sanding
- [ ] sawing
- [ ] grinding
- [ ] hammering
- [ ] chopping
- [ ] sawing
- [ ] grinding
- [ ] hammering
- [ ] cutting
- [ ] drilling
- [ ] welding
- [ ] punch press operations
- [ ] other: ______

**Work-related exposure to:**

- [ ] airborne dust
- [ ] flying particles
- [ ] blood splashes
- [ ] hazardous liquid chemicals
- [ ] intense light
- [ ] other: ______

**Can hazard be eliminated without the use of PPE?**

- [ ] Yes
- [ ] No

If no, use:

- [ ] Safety glasses
- [ ] Side shields
- [ ] Safety goggles
- [ ] Dust-tight goggles
- [ ] Shading/Filter (#____)
- [ ] Welding shield
- [ ] Other: ______

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### FACE

**Work activities, such as:**

- [ ] cleaning
- [ ] cooking
- [ ] siphoning
- [ ] painting
- [ ] dip tank operations
- [ ] other ______
- [ ] foundry work
- [ ] welding
- [ ] mixing
- [ ] pouring molten metal

**Work-related exposure to:**

- [ ] hazardous liquid chemicals
- [ ] extreme heat/cold
- [ ] potential irritants: ______
- [ ] other: ______

**Can hazard be eliminated without the use of PPE?**

- [ ] Yes
- [ ] No

If no, use:

- [ ] Face shield
- [ ] Shading/Filter (#____)
- [ ] Welding shield
- [ ] Other: ______

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### HEAD

**Work activities, such as:**

- [ ] building maintenance
- [ ] confined space operations
- [ ] construction
- [ ] electrical wiring
- [ ] walking/working under catwalks
- [ ] walking/working under conveyor belts
- [ ] walking/working under crane loads
- [ ] utility work
- [ ] other: ______

**Work-related exposure to:**

- [ ] beams
- [ ] pipes
- [ ] exposed electrical wiring or components
- [ ] falling objects
- [ ] machine parts
- [ ] other: ______

**Can hazard be eliminated without the use of PPE?**

- [ ] Yes
- [ ] No

If no, use:

- [ ] Protective Helmet
  - [ ] Type A (low voltage)
  - [ ] Type B (high voltage)
  - [ ] Type C
- [ ] Bump cap (not ANSI-approved)
- [ ] Hair net or soft cap
- [ ] Other: ______
### HANDS/ARMS

**Work activities, such as:**
- baking
- cooking
- sanding
- sawing
- welding
- working with glass
- using computers
- using knives
- dental and health care services
- other: ___

**Work-related exposure to:**
- material handling
- sanding
- sawing
- hammering

**Can hazard be eliminated without the use of PPE?**
- Yes ☐  No ☐

**If no, use:**
- Gloves
- Chemical resistance
- Liquid/leak resistance
- Temperature resistance
- Abrasion/cut resistance
- Slip resistance
- Protective sleeves
- Other: ___

### FEET/LEGS

**Work activities, such as:**
- building maintenance
- construction
- demolition
- food processing
- foundry work
- logging
- plumbing
- trenching
- use of highly flammable materials
- welding
- other: ___

**Work-related exposure to:**
- explosive atmospheres
- explosives
- exposed electrical wiring or components
- heavy equipment
- slippery surfaces
- tools
- other: ___

**Can hazard be eliminated without the use of PPE?**
- Yes ☐  No ☐

**If no, use:**
- Safety shoes or boots
- Toe protection
- Metatarsal protection
- Electrical protection
- Puncture resistance
- Heat/cold protection
- Chemical resistance
- Anti-slip soles
- Leggings or chaps
- Foot-Leg guards
- Other: ___

### BODY/SKIN

**Work activities such as:**
- baking or frying
- battery charging
- dip tank operations
- fiberglass installation
- irritating chemicals
- sawing
- other: ___

**Work-related exposure to:**
- chemical splashes
- extreme heat/cold
- sharp or rough edges
- other: ___

**Can hazard be eliminated without the use of PPE?**
- Yes ☐  No ☐

**If no, use:**
- Vest, Jacket
- Coveralls, Body suit
- Raingear
- Apron
- Welding leathers
- Abrasion/cut resistance
- Other: ___
## Option 1

### BODY/WHOLE

<table>
<thead>
<tr>
<th>Work activities such as:</th>
<th>Work-related exposure to:</th>
<th>Can hazard be eliminated without the use of PPE?</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ building maintenance</td>
<td>☐ working from heights of 10 feet or more</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td>☐ construction</td>
<td>☐ working near water</td>
<td>If no, use:</td>
</tr>
<tr>
<td>☐ logging</td>
<td>☐ other: ______</td>
<td>☐ Fall Arrest/Restraint: Type: ______</td>
</tr>
<tr>
<td>☐ utility work</td>
<td></td>
<td>☐ PFD: Type: ______</td>
</tr>
<tr>
<td>☐ other: ______</td>
<td></td>
<td>☐ Other: ______</td>
</tr>
</tbody>
</table>

### LUNGS/RESPIRATORY

<table>
<thead>
<tr>
<th>Work activities such as:</th>
<th>Work-related exposure to:</th>
<th>Can hazard be eliminated without the use of PPE?</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ cleaning</td>
<td>☐ irritating dust or particulate</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td>☐ mixing</td>
<td>☐ irritating or toxic gas/vapor</td>
<td>If no, use:</td>
</tr>
<tr>
<td>☐ painting</td>
<td>☐ other: ______</td>
<td>☐ Fall Arrest/Restraint: Type: ______</td>
</tr>
<tr>
<td>☐ fiberglass installation</td>
<td></td>
<td>☐ PFD: Type: ______</td>
</tr>
<tr>
<td>☐ compressed air or gas operations</td>
<td></td>
<td>☐ Other: ______</td>
</tr>
</tbody>
</table>

### EARS/HEARING

<table>
<thead>
<tr>
<th>Work activities such as:</th>
<th>Work-related exposure to:</th>
<th>Can hazard be eliminated without the use of PPE?</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ generator</td>
<td>☐ loud noises</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td>☐ ventilation fans</td>
<td>☐ loud work environment</td>
<td>If no, use:</td>
</tr>
<tr>
<td>☐ motors</td>
<td>☐ noisy machines/tools</td>
<td>☐ Fall Arrest/Restraint: Type: ______</td>
</tr>
<tr>
<td>☐ sanding</td>
<td>☐ punch or brake presses</td>
<td>☐ PFD: Type: ______</td>
</tr>
<tr>
<td>☐ pneumatic equipment</td>
<td>☐ other: ______</td>
<td>☐ Other: ______</td>
</tr>
<tr>
<td>☐ punch or brake presses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ use of conveyors</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ other: ______</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>