

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

PPE Hazard Assessment Certification Form

*Name of work place: _____

*Assessment conducted by: _____

*Work place address: _____

*Date of assessment: _____

Work area(s): _____

Job/Task(s): _____

*Required for certifying the hazard assessment.

Use a separate sheet for each job/task or work area

EYES

Work activities, 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"/> punch press operations | |
| <input type="checkbox"/> 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:

- | | |
|---|---|
| <input type="checkbox"/> Safety glasses | <input type="checkbox"/> Side shields |
| <input type="checkbox"/> Safety goggles | <input type="checkbox"/> Dust-tight goggles |
| <input type="checkbox"/> Shading/Filter (# _____) | |
| <input type="checkbox"/> Welding shield | |
| <input type="checkbox"/> Other: _____ | |

FACE

Work activities, such as:

- | | |
|--|---|
| <input type="checkbox"/> cleaning | <input type="checkbox"/> foundry work |
| <input type="checkbox"/> cooking | <input type="checkbox"/> welding |
| <input type="checkbox"/> siphoning | <input type="checkbox"/> mixing |
| <input type="checkbox"/> painting | <input type="checkbox"/> pouring molten metal |
| <input type="checkbox"/> dip tank operations | |
| <input type="checkbox"/> other: _____ | |

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: _____

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/ARMSWork activities, such as:

- | | |
|--|--|
| <input type="checkbox"/> baking | <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"/> using computers | |
| <input type="checkbox"/> using knives | |
| <input type="checkbox"/> dental and health care services | |
| <input type="checkbox"/> other: _____ | |

Work-related exposure to:

-
- blood
-
-
- irritating chemicals
-
-
- tools or materials that could scrape, bruise, or cut
-
-
- extreme heat/cold
-
-
- other: _____

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/LEGSWork 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:

- | | |
|--|--|
| <input type="checkbox"/> Safety shoes or boots | <input type="checkbox"/> Metatarsal protection |
| <input type="checkbox"/> Toe protection | <input type="checkbox"/> Heat/cold protection |
| <input type="checkbox"/> Electrical protection | <input type="checkbox"/> Chemical resistance |
| <input type="checkbox"/> Puncture resistance | |
| <input type="checkbox"/> Anti-slip soles | |
| <input type="checkbox"/> Leggings or chaps | |
| <input type="checkbox"/> Foot-Leg guards | |
| <input type="checkbox"/> Other: _____ | |

BODY/SKINWork 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 ¹		
<p><u>Work activities such as:</u></p> <input type="checkbox"/> building maintenance <input type="checkbox"/> construction <input type="checkbox"/> logging <input type="checkbox"/> utility work <input type="checkbox"/> other: _____	<p><u>Work-related exposure to:</u></p> <input type="checkbox"/> working from heights of 10 feet or more <input type="checkbox"/> working near water <input type="checkbox"/> other: _____	<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"/> Fall Arrest/Restraint: Type: _____ <input type="checkbox"/> PFD: Type: _____ <input type="checkbox"/> Other: _____
LUNGS/RESPIRATORY ¹		
<p><u>Work activities such as:</u></p> <input type="checkbox"/> cleaning <input type="checkbox"/> mixing <input type="checkbox"/> painting <input type="checkbox"/> fiberglass installation <input type="checkbox"/> compressed air or gas operations <input type="checkbox"/> other: _____	<p><u>Work-related exposure to:</u></p> <input type="checkbox"/> irritating dust or particulate <input type="checkbox"/> irritating or toxic gas/vapor <input type="checkbox"/> other: _____	<p><u>Can hazard be eliminated without the use of PPE?</u> Yes <input type="checkbox"/> No <input type="checkbox"/></p>
EARS/HEARING ¹		
<p><u>Work activities such as:</u></p> <input type="checkbox"/> generator <input type="checkbox"/> ventilation fans <input type="checkbox"/> motors <input type="checkbox"/> sanding <input type="checkbox"/> pneumatic equipment <input type="checkbox"/> punch or brake presses <input type="checkbox"/> use of conveyors <input type="checkbox"/> other: _____	<p><u>Work-related exposure to:</u></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"/> other: _____	<p><u>Can hazard be eliminated without the use of PPE?</u> Yes <input type="checkbox"/> No <input type="checkbox"/></p>