

# Personal Protective Equipment (PPE) Hazard Assessment Checklist

Reviewer (Print) \_\_\_\_\_ ID No. \_\_\_\_\_ Division/Section \_\_\_\_\_ Date \_\_\_\_\_

Building, Department, Work Area or Employee: \_\_\_\_\_

Hazard	Hazard Present	Description of Hazard
<b>Foot</b>		
Falling Objects	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Sole Punctures	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Compression	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
<b>Head</b>		
Falling Objects	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Bump Hazards	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Penetration Falling Objects	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Electric Shock	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
<b>Eye/Face</b>		
Impact, Flying Objects	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Heat, Hot sparks	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Splash From Molten Metal	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
High Temperature Exposure	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Chemical Splash	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Chemical, Irritating Mist	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Nuisance Dust	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Light Radiation, Welding	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Light Radiation, Glare	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Radiation, Non-Ionizing	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
<b>Hand</b>		
Cuts	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Abrasions	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Chemicals	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Temperature Extremes	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

Other \_\_\_\_\_

The signature on this document certifies that a hazard assessment required by OSHA 29 CFR 1910.132, has been performed of the above identified building, department, work area or employee.

Signature of Reviewer: \_\_\_\_\_ Date: \_\_\_\_\_