|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **Personal Protective Equipment** |  |
|  |  | **Hazard Assessment Certificate** |  |
| **Job Title Assessed:** |  |  |  |  | **Date of Assessment:** |  |
| **Department:** |  |  |  |  |  |
| **Members of the Assessment Team:** |  | **Certification** |  |
|  |  |  |  |
|  |  |  |  |  |  |
|  |  |  | **Name & Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |
|  |  |  | **Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

**Eye & Face Protection Assessment**



|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Is there potential for eye or face injury** |  | **Yes/** |  | **Describe the Hazard** |  | **Eye or Face Protection** |
| **from:** |  | **No** |  |  |  | **Required or Recommended** |
| Flying particles |  |  |  |  |  |  |
| Molten metals |  |  |  |  |  |  |
| Liquid chemicals |  |  |  |  |  |  |
| Acids or caustic liquids |  |  |  |  |  |  |
| Chemical gases or vapors |  |  |  |  |  |  |
| Potentially injurious light radiation |  |  |  |  |  |  |
| Other hazards |  |  |  |  |  |  |

**Head Protection Assessment**



|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Is there potential for head injury from:** |  | **Yes/No** |  | **Describe the Hazard** |  | **Head Protection** |
|  |  |  |  |  |  | **Required or Recommended** |
| Falling objects |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Exposed electrical conductors |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Low hanging obstructions |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Other hazards |  |  |  |  |  |  |

**Foot Protection Assessment**



|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Is there potential for foot injury from:** |  | **Yes/No** |  | **Describe the Hazard** |  | **Foot Protection** |
|  |  |  |  |  |  | **Required or Recommended** |
| Falling objects |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Rolling objects |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Objects piercing the sole |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Exposure to electrical hazards |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Slippery walking surfaces |  |  |  |  |  |  |



 Wet or muddy conditions

Hazardous chemicals

 Cold weather conditions

Other hazards

**Hand Protection Assessment**



|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Is there potential for hand injury from:** |  | **Yes/No** |  |  | **Describe the Hazard** |  | **Hand Protection** |
|  |  |  |  |  |  |  |  |  |  | **Required or Recommended** |
| Skin absorption of harmful substances |  |  |  |  |  |  |  |  |  |
| Chemical burns |  |  |  |  |  |  |  |  |  |
| Severe cuts or lacerations |  |  |  |  |  |  |  |  |  |
| Punctures |  |  |  |  |  |  |  |  |  |
| Severe abrasions |  |  |  |  |  |  |  |  |  |
| Thermal burns |  |  |  |  |  |  |  |  |  |
| Cold weather conditions |  |  |  |  |  |  |  |  |  |
| Electrical hazards |  |  |  |  |  |  |  |  |  |
| Other hazards |  |  |  |  |  |  |  |  |  |
| **Work Clothing Protection Assessment** |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
| **Is there potential for bodily injury from:** |  | **Yes/No** |  |  | **Describe the Hazard** |  | **Work Clothing Protection** |



**Required or Recommended**

 Hot or cold materials or objects

Chemicals

 Welding hazards

Electrical shock

 Handling heavy, sharp, or rough materials

Other hazards