



Certification of Hazard Assessment Personal Protective Equipment

For additional assistance or to submit completed form, please contact:
Environmental Health & Safety, 414 J.M. Smith Hall
PH: 678-4672 FAX: 678-4673

This form is to be used to document work place inspections and the specific personal protective equipment (PPE) needed by employees. This form and associated documents must be maintained for inspection by regulatory agencies. See Hazard Assessment Guidelines and PPE Guidelines for further instructions.

Building/Location: _____ Specific Area/Room: _____

Assessment Conducted by: _____

Job Title: _____ Phone number: _____

Date: _____

Specific Tasks performed at this location:

Check all that apply in each section.

Overhead Hazards	Head Protection Required
Suspended loads that could fall Overhead beams or loads that could be hit Energized wires or equipment that could be hit Employees work at elevated site and could drop objects on others below Other (specify): _____ _____ None	Hard Hat Type A (impact & penetration resistant; low-voltage electrical insulation) Type B (impact & penetration resistant; high-voltage electrical insulation) Type C (impact & penetration resistant only) None

Eye and Face Hazards	Eye and Face Protection Required
Chemical splashes Dust Smoke and/or fumes Projectiles Other (specify): _____ _____ None	Safety glasses Safety goggles Impact Splash Face shield None



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Hand Hazards	Hand Protection Required
Chemicals Sharp edges, splinters, etc. Exposed electrical wires Temperature extremes Sharp tools, machine parts Material handling Other (specify): _____ _____ None	Gloves Chemical resistant Temperature resistant Abrasion resistant Other (specify): _____ _____ None

Foot Hazards	Foot Protection Required
Heavy materials handled by employees Sharp edges or points (puncture risk) Exposed electrical wires Unusually slippery conditions Wadding Other (specify): _____ _____ None	Safety shoes Toe protection Metatarsal protection Puncture resistant Electrical insulation Other (specify): _____ _____ None

Additional Safety Hazards to Note:

Recommended Protection for additional hazards (must be completed if additional hazards are noted above):

I certify that the above inspection was performed to the best of my knowledge and ability based on the hazards present on this date: _____

Print Name

Signature