

# Tool: PPE Hazard Assessment Form

## PPE HAZARD ASSESSMENT FORM

Use and modify this sample form to help you determine what hazards workers are exposed to and what PPE must be worn to protect them.

- If you check **YES**, determine if the hazard can be eliminated.
- If **NO**, can the method or equipment be changed to eliminate the hazard?
  - If so, consider doing it.
- If the hazard can't be eliminated, would adding a guard protect employees from the hazard, e.g., machine guards?
  - If this is the case, indicate a guard is being installed.
- In the last column, list the type of PPE the worker will be required to use.

## PERSONAL PROTECTIVE EQUIPMENT HAZARD ASSESSMENT

Facility \_\_\_\_\_ Dept. \_\_\_\_\_ Date \_\_\_\_\_

Supervisor \_\_\_\_\_ Job \_\_\_\_\_

EYES & FACE				
Hazard	Yes	No	Eliminated, Guarded?	PPE Required
Flying particles				
Molten metals				
Liquid chemicals				
Acids				

Caustic liquids				
Chemical gases or vapors				
Light radiation				
Other				
<b>Head</b>				
Hazard	Yes	No	Eliminated, Guarded?	PPE Required
Flying objects				
Falling objects				
Work done overhead				
Elevated conveyors				
Hitting against fixed object				
Forklift hazards				
Exposed electrical conductors				
Other				
<b>Feet</b>				
Hazard	Yes	No	Eliminated, Guarded?	PPE Required
Flying objects				
Rolling objects				
Objects piercing sole				
Electrical hazards				
Wet, slippery or hot surfaces				
Chemical exposure				
Environmental				
Other				
<b>Hands</b>				

Hazard	Yes	No	Eliminated, Guarded?	PPE Required
Skin absorption				
Cuts or lacerations				
Abrasions				
Punctures				
Chemical burns				
Thermal burns				
Temperature extremes				
Other				
<b>Respiratory</b>				
Hazard	Yes	No	Eliminated, Guarded?	PPE Required
Dusts				
Fogs				
Fumes				
Mists				
Smokes				
Sprays				
Vapors				
Other				
<b>Torso</b>				
Hazard	Yes	No	Eliminated, Guarded?	PPE Required
Hot metals				
Cuts				
Acids				
Radiation				
Other				

### Comments:

## Certification

This hazard assessment has been performed to determine the required type of PPE for each affected worker.

The assessment includes:

- Walk-through survey
- Specific job analysis
- Review of accident statistics
- Review of safety equipment selection guideline materials
- Selection of appropriate required PPE

Assessment Certified by (Supervisor) \_\_\_\_\_ Date \_\_\_\_\_

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