

# 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,<br>Guarded? | PPE Required |
|------------------|-----|----|-------------------------|--------------|
| Flying particles |     |    |                         |              |
| Molten metals    |     |    |                         |              |
| Liquid chemicals |     |    |                         |              |
| Acids            |     |    |                         |              |

|                          |  |  |  |  |
|--------------------------|--|--|--|--|
| Caustic liquids          |  |  |  |  |
| Chemical gases or vapors |  |  |  |  |
| Light radiation          |  |  |  |  |
| Other                    |  |  |  |  |

### Head

| Hazard                        | Yes | No | Eliminated,<br>Guarded? | PPE Required |
|-------------------------------|-----|----|-------------------------|--------------|
| Flying objects                |     |    |                         |              |
| Falling objects               |     |    |                         |              |
| Work done overhead            |     |    |                         |              |
| Elevated conveyors            |     |    |                         |              |
| Hitting against fixed object  |     |    |                         |              |
| Forklift hazards              |     |    |                         |              |
| Exposed electrical conductors |     |    |                         |              |
| Other                         |     |    |                         |              |

### Feet

| Hazard                        | Yes | No | Eliminated,<br>Guarded? | PPE Required |
|-------------------------------|-----|----|-------------------------|--------------|
| Flying objects                |     |    |                         |              |
| Rolling objects               |     |    |                         |              |
| Objects piercing sole         |     |    |                         |              |
| Electrical hazards            |     |    |                         |              |
| Wet, slippery or hot surfaces |     |    |                         |              |
| Chemical exposure             |     |    |                         |              |
| Environmental                 |     |    |                         |              |
| Other                         |     |    |                         |              |

### Hands

| Hazard               | Yes | No | Eliminated,<br>Guarded? | PPE Required |
|----------------------|-----|----|-------------------------|--------------|
| Skin absorption      |     |    |                         |              |
| Cuts or lacerations  |     |    |                         |              |
| Abrasions            |     |    |                         |              |
| Punctures            |     |    |                         |              |
| Chemical burns       |     |    |                         |              |
| Thermal burns        |     |    |                         |              |
| Temperature extremes |     |    |                         |              |
| Other                |     |    |                         |              |

### Respiratory

| Hazard | Yes | No | Eliminated,<br>Guarded? | PPE Required |
|--------|-----|----|-------------------------|--------------|
| Dusts  |     |    |                         |              |
| Fogs   |     |    |                         |              |
| Fumes  |     |    |                         |              |
| Mists  |     |    |                         |              |
| Smokes |     |    |                         |              |
| Sprays |     |    |                         |              |
| Vapors |     |    |                         |              |
| Other  |     |    |                         |              |

### Torso

| Hazard     | Yes | No | Eliminated,<br>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  
\_\_\_\_\_

**Download**

