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				
Head				
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				
Feet				
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				
Hands				

Hazard	Yes	No	Eliminated, Guarded?	PPE Required
Skin absorption				
Cuts or lacerations				
Abrasions				
Punctures				
Chemical burns				
Thermal burns				
Temperature extremes				
Other				
Respiratory				
Hazard	**Yes**	**No**	**Eliminated, Guarded?**	**PPE Required**
Dusts				
Fogs				
Fumes				
Mists				
Smokes				
Sprays				
Vapors				
Other				
Torso				
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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