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## **Hazard Assessment for PPE**

This tool can help you do a hazard assessment to see if your employees need to use personal protective equipment (PPE) by identifying activities that may create hazards for your employees. The activities are grouped according to what part of the body might need PPE. You can make copies, modify, and customize it to fit the specific needs of your workplace, or develop your own form that is appropriate to your work environment.

This tool can also serve as written certification of the assessment as required. To document your hazard assessment for PPE, make sure that the blank fields at the beginning of the checklist (indicated by \*) are filled out (see below, Instructions #4).

### **Instructions:**

1. Do a walk-through survey of each work area and job/task. Read through the list of work activities in the first column, putting a check next to the activities performed in that work area or job.
2. Read through the list of hazards in the second column, putting a check next to the hazards to which employees may be exposed while performing the work activities or while present in the work area. (For e.g., work activity: chopping wood; work-related exposure: flying particles).

3. Decide how you are going to control the hazards. Consider engineering, work practice, and/or administrative controls to eliminate or reduce the hazards before resorting to use of PPE. If the hazard cannot be fully eliminated without using PPE, indicate which type(s) of PPE will be required to protect your employee from the hazard.
4. Make sure that you complete the following fields on the form (indicated by \*) to certify that a hazard assessment was done:
  - \*Name of your workplace
  - \*Address of the workplace where you are doing the hazard assessment
  - \*Name of person certifying that a workplace hazard assessment was done
  - \*Date the hazard assessment was done

## PPE Hazard Assessment Certification Form

\*Name of workplace: \_\_\_\_\_

\*Assessment conducted by: \_\_\_\_\_

\*Workplace address: \_\_\_\_\_

\*Date of assessment: \_\_\_\_\_

Work area(s): \_\_\_\_\_

Job/Task(s): \_\_\_\_\_

\*Required for certifying the hazard assessment.

Use a separate sheet for each job/task or

work area

### EYES

<p><u>Work activities, such as:</u></p> <input type="checkbox"/> abrasive blasting <input type="checkbox"/> sanding <input type="checkbox"/> chopping <input type="checkbox"/> sawing <input type="checkbox"/> cutting <input type="checkbox"/> grinding <input type="checkbox"/> drilling <input type="checkbox"/> hammering <input type="checkbox"/> welding <input type="checkbox"/> punch press operations <input type="checkbox"/> other: _____	<p><u>Work-related exposure to:</u></p> <input type="checkbox"/> airborne dust <input type="checkbox"/> flying particles <input type="checkbox"/> blood splashes <input type="checkbox"/> hazardous liquid chemicals <input type="checkbox"/> intense light <input type="checkbox"/> other: _____	<p><u>Can hazard be eliminated without the use of PPE?</u>                  Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><u>If no, use:</u></p> <input type="checkbox"/> Safety glasses <input type="checkbox"/> Side shields <input type="checkbox"/> Safety goggles <input type="checkbox"/> Dust-tight goggles <input type="checkbox"/> Shading/Filter (#_____) <input type="checkbox"/> Welding shield <input type="checkbox"/> Other: _____
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### FACE

<p><u>Work activities, such as:</u></p> <input type="checkbox"/> cleaning <input type="checkbox"/> foundry work <input type="checkbox"/> cooking <input type="checkbox"/> welding <input type="checkbox"/> siphoning <input type="checkbox"/> mixing <input type="checkbox"/> painting <input type="checkbox"/> pouring molten metal <input type="checkbox"/> dip tank operations <input type="checkbox"/> other _____	<p><u>Work-related exposure to:</u></p> <input type="checkbox"/> hazardous liquid chemicals <input type="checkbox"/> extreme heat/cold <input type="checkbox"/> potential irritants: _____ <input type="checkbox"/> other: _____	<p><u>Can hazard be eliminated without the use of PPE?</u>                  Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><u>If no, use:</u></p> <input type="checkbox"/> Face shield <input type="checkbox"/> Shading/Filter (#_____) <input type="checkbox"/> Welding shield <input type="checkbox"/> Other: _____
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**HEAD**

<p><u>Work activities, such as:</u></p> <ul style="list-style-type: none"><li><input type="checkbox"/> building maintenance</li><li><input type="checkbox"/> confined space operations</li><li><input type="checkbox"/> construction</li><li><input type="checkbox"/> electrical wiring</li><li><input type="checkbox"/> walking/working under catwalks</li><li><input type="checkbox"/> walking/working under conveyor belts</li><li><input type="checkbox"/> walking/working under crane loads</li><li><input type="checkbox"/> utility work</li><li><input type="checkbox"/> other: _____</li></ul>	<p><u>Work-related exposure to:</u></p> <ul style="list-style-type: none"><li><input type="checkbox"/> beams</li><li><input type="checkbox"/> pipes</li><li><input type="checkbox"/> exposed electrical wiring or components</li><li><input type="checkbox"/> falling objects</li><li><input type="checkbox"/> machine parts</li><li><input type="checkbox"/> other: _____</li></ul>	<p><u>Can hazard be eliminated without the use of PPE?</u></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><u>If no, use:</u></p> <ul style="list-style-type: none"><li><input type="checkbox"/> Protective Helmet<ul style="list-style-type: none"><li><input type="checkbox"/> Type A (low voltage)</li><li><input type="checkbox"/> Type B (high voltage)</li><li><input type="checkbox"/> Type C</li><li><input type="checkbox"/> Bump cap (not ANSI-approved)</li></ul></li><li><input type="checkbox"/> Hair net or soft cap</li><li><input type="checkbox"/> Other: _____</li></ul>
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**HANDS/ARMS**

<p><u>Work activities, such as:</u></p> <ul style="list-style-type: none"><li><input type="checkbox"/> baking</li><li><input type="checkbox"/> cooking</li><li><input type="checkbox"/> grinding</li><li><input type="checkbox"/> welding</li><li><input type="checkbox"/> working with glass</li><li><input type="checkbox"/> using computers</li><li><input type="checkbox"/> using knives</li><li><input type="checkbox"/> dental and health care services</li><li><input type="checkbox"/> other: _____</li></ul> <ul style="list-style-type: none"><li><input type="checkbox"/> material handling</li><li><input type="checkbox"/> sanding</li><li><input type="checkbox"/> sawing</li><li><input type="checkbox"/> hammering</li></ul>	<p><u>Work-related exposure to:</u></p> <ul style="list-style-type: none"><li><input type="checkbox"/> blood</li><li><input type="checkbox"/> irritating chemicals</li><li><input type="checkbox"/> tools or materials that could scrape, bruise, or cut</li><li><input type="checkbox"/> extreme heat/cold</li><li><input type="checkbox"/> other: _____</li></ul>	<p><u>Can hazard be eliminated without the use of PPE?</u></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><u>If no, use:</u></p> <ul style="list-style-type: none"><li><input type="checkbox"/> Gloves<ul style="list-style-type: none"><li><input type="checkbox"/> Chemical resistance</li><li><input type="checkbox"/> Liquid/leak resistance</li><li><input type="checkbox"/> Temperature resistance</li><li><input type="checkbox"/> Abrasion/cut resistance</li><li><input type="checkbox"/> Slip resistance</li></ul></li><li><input type="checkbox"/> Protective sleeves</li><li><input type="checkbox"/> Other: _____</li></ul>
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**FEET/LEGS**

<p><u>Work activities, such as:</u></p> <ul style="list-style-type: none"><li><input type="checkbox"/> building maintenance</li><li><input type="checkbox"/> construction</li></ul>	<p><u>Work-related exposure to:</u></p> <ul style="list-style-type: none"><li><input type="checkbox"/> explosive atmospheres</li><li><input type="checkbox"/> explosives</li></ul>	<p><u>Can hazard be eliminated without the use of PPE?</u></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
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<input type="checkbox"/> demolition <input type="checkbox"/> food processing <input type="checkbox"/> foundry work <input type="checkbox"/> logging <input type="checkbox"/> plumbing <input type="checkbox"/> trenching <input type="checkbox"/> use of highly flammable materials <input type="checkbox"/> welding <input type="checkbox"/> other: _____	<input type="checkbox"/> exposed electrical wiring or components <input type="checkbox"/> heavy equipment <input type="checkbox"/> slippery surfaces <input type="checkbox"/> tools <input type="checkbox"/> other: _____	If no, use: <input type="checkbox"/> Safety shoes or boots <input type="checkbox"/> Toe protection <input type="checkbox"/> Metatarsal protection <input type="checkbox"/> Electrical protection <input type="checkbox"/> Heat/cold protection <input type="checkbox"/> Puncture resistance <input type="checkbox"/> Chemical resistance <input type="checkbox"/> Anti-slip soles <input type="checkbox"/> Leggings or chaps <input type="checkbox"/> Foot-Leg guards <input type="checkbox"/> Other: _____
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**BODY/SKIN**

Work activities such as: <input type="checkbox"/> baking or frying <input type="checkbox"/> battery charging <input type="checkbox"/> dip tank operations <input type="checkbox"/> fiberglass installation <input type="checkbox"/> irritating chemicals <input type="checkbox"/> sawing <input type="checkbox"/> other: _____	Work-related exposure to: <input type="checkbox"/> chemical splashes <input type="checkbox"/> extreme heat/cold <input type="checkbox"/> sharp or rough edges <input type="checkbox"/> other: _____	Can hazard be eliminated without the use of PPE? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, use: <input type="checkbox"/> Vest, Jacket <input type="checkbox"/> Coveralls, Body suit <input type="checkbox"/> Raingear <input type="checkbox"/> Apron <input type="checkbox"/> Welding leathers <input type="checkbox"/> Abrasion/cut resistance <input type="checkbox"/> Other: _____
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**BODY/WHOLE**

Work activities such as: <input type="checkbox"/> building maintenance <input type="checkbox"/> construction <input type="checkbox"/> logging	Work-related exposure to: <input type="checkbox"/> working from heights of 10 feet or more <input type="checkbox"/> working near water	Can hazard be eliminated without the use of PPE? Yes <input type="checkbox"/> No <input type="checkbox"/>
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<input type="checkbox"/> utility work <input type="checkbox"/> other: _____	<input type="checkbox"/> other: _____	If no, use: <input type="checkbox"/> Fall Arrest/Restraint: Type: _____ <input type="checkbox"/> PFD: Type: _____ <input type="checkbox"/> Other: _____
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**LUNGS/RESPIRATORY**

<u>Work activities such as:</u> <input type="checkbox"/> cleaning <input type="checkbox"/> pouring <input type="checkbox"/> mixing <input type="checkbox"/> sawing <input type="checkbox"/> painting <input type="checkbox"/> fiberglass installation <input type="checkbox"/> compressed air or gas operations <input type="checkbox"/> other: _____	<u>Work-related exposure to:</u> <input type="checkbox"/> irritating dust or particulate <input type="checkbox"/> irritating or toxic gas/vapor <input type="checkbox"/> other: _____	<u>Can hazard be eliminated without the use of PPE?</u> Yes <input type="checkbox"/> No <input type="checkbox"/>
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**EARS/HEARING**

<u>Work activities such as:</u> <input type="checkbox"/> generator <input type="checkbox"/> grinding <input type="checkbox"/> ventilation fans <input type="checkbox"/> machining <input type="checkbox"/> motors <input type="checkbox"/> routers <input type="checkbox"/> sanding <input type="checkbox"/> sawing <input type="checkbox"/> pneumatic equipment <input type="checkbox"/> punch or brake presses <input type="checkbox"/> use of conveyors <input type="checkbox"/> other: _____	<u>Work-related exposure to:</u> <input type="checkbox"/> loud noises <input type="checkbox"/> loud work environment <input type="checkbox"/> noisy machines/tools <input type="checkbox"/> punch or brake presses <input type="checkbox"/> other: _____	<u>Can hazard be eliminated without the use of PPE?</u> Yes <input type="checkbox"/> No <input type="checkbox"/>
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NOTE: There may be other hazards requiring PPE that are not listed in this assessment that will be identified in the Hazard Assessment. Your PPE assessment must address all hazards identified PPE by the Job Hazard Assessment.