

Personal Protective Equipment Hazard Assessment Form

Location _____ Department _____

Job Task _____ Assessment Conducted By _____ Date _____

Eye and Face

(E= Eliminated Hazard, G= Hazard Already Guarded)

Is there any danger from the following hazards?	Yes	No	E, G	Identify Administrative or PPE Controls Needed
1- Flying Particles	_____	_____	_____	<input type="checkbox"/> Safety Glasses _____ w/ side shields
2- Liquid Chemicals	_____	_____	_____	<input type="checkbox"/> Splash-tight Goggles
3- Losing Grip on Hand Tools	_____	_____	_____	<input type="checkbox"/> Cut/Tear Resistant Gloves (i.e. Mechanix Gloves)
4- Cutting, Drilling, Grinding, Chipping, Hammering	_____	_____	_____	<input type="checkbox"/> Impact Goggles or Face Shield
5- Welding, Soldering	_____	_____	_____	<input type="checkbox"/> Welding Helmet
6- Sanding	_____	_____	_____	<input type="checkbox"/> Dust-tight Goggles
7- Painting	_____	_____	_____	<input type="checkbox"/> Face Shield
8- Computer Work	_____	_____	_____	<input type="checkbox"/> Glare Screen/ Position of Monitor
				<input type="checkbox"/> Other _____

Head

Is there any danger from the following hazards?	Yes	No	E, G	Identify Administrative or PPE Controls Needed
1- Falling Objects from Above (shelving, lifts, etc)	_____	_____	_____	<input type="checkbox"/> Protective Helmet, Hard Hat
2- Flying Particles	_____	_____	_____	<input type="checkbox"/> Organized Shelving w/ Edge Guard or Chain
3- Moving Objects via Hoist, Forklift (above head)	_____	_____	_____	<input type="checkbox"/> 4 Sided Materials Basket, Encapsulated Load on Forklift
4- Working Under Vehicle	_____	_____	_____	<input type="checkbox"/> Lift Safety Controls Engaged At All Times
5- Strike Against Fixed Object	_____	_____	_____	<input type="checkbox"/> Other _____

Hands/Arms

Is there any danger from the following hazards?	Yes	No	E, G	Identify Administrative or PPE Controls Needed
1- Losing Grip on Hand Tools (Cuts/Abrasions)	_____	_____	_____	<input type="checkbox"/> Tool guards, Blade guards, Torque Rods <input type="checkbox"/> Cut/Tear Resistant Gloves (i.e. Mechanix Gloves) <input type="checkbox"/> Equipment Guards and Machine Controls <input type="checkbox"/> Cut Resistant Sleeves for Sheet Metal Work <input type="checkbox"/> Dust/Splash Tight Goggles <input type="checkbox"/> Heat Resistant Gloves, Wait for Engine Cooling <input type="checkbox"/> Lock Out/Tag Out Procedure in Place <input type="checkbox"/> Ergonomic Positioning of Wrist/Arms <input type="checkbox"/> Other _____
2- Striking Against Sharp Part (Cuts/Abrasions)	_____	_____	_____	
3- Punch Press, Shear, Lathe (Cuts)	_____	_____	_____	
4- Liquid Chemicals	_____	_____	_____	
5- Thermal Burns (Hot Surfaces)	_____	_____	_____	
6- Electrical, Pneumatic, Hydraulic Hazards	_____	_____	_____	
7- Computer Work	_____	_____	_____	
8- Caught Between Moving Objects	_____	_____	_____	

Feet/Legs

Is there any danger from the following hazards?	Yes	No	E, G	Identify Administrative or PPE Controls Needed
1- Falling or Rolling Objects on the Floor	_____	_____	_____	<input type="checkbox"/> Secure Equipment <input type="checkbox"/> Steel Toed Shoes, Shin Protectors <input type="checkbox"/> Improve Housekeeping <input type="checkbox"/> Appropriate Footwear for Job Task <input type="checkbox"/> Secure Sharp Parts <input type="checkbox"/> Improve Floor Cleaning <input type="checkbox"/> Improve Drainage <input type="checkbox"/> Enforce Spill Clean-up <input type="checkbox"/> Steel Toed Shoes, Shin Protectors <input type="checkbox"/> Other _____
2- Objects on Floor Obstructing Walking/Working Surface	_____	_____	_____	
3- Objects Piercing the Shoe Sole	_____	_____	_____	
4- Wet or Slippery Floor Surfaces	_____	_____	_____	
5- Carrying Heavy Objects	_____	_____	_____	
6- Chemical/Thermal Burns	_____	_____	_____	

Body/Whole

Is there any danger from the following hazards?	Yes	No	E, G	Identify Administrative or PPE Controls Needed
1- Lifting Tires	_____	_____	_____	<input type="checkbox"/> Tire Lift <input type="checkbox"/> Tire Moving Device <input type="checkbox"/> Adjust Tire Process <input type="checkbox"/> Use Mechanical Moving Devices (hoist ,forklift, cart, etc) <input type="checkbox"/> Directional Traffic Patterns <input type="checkbox"/> Back-Up Policy <input type="checkbox"/> Reflective Vests <input type="checkbox"/> Acid Protecting Splash Suits <input type="checkbox"/> Follow Company Heat Stress Plan <input type="checkbox"/> Fall Protection <input type="checkbox"/> Appropriate Ladders/Scaffolding <input type="checkbox"/> Ergonomic Equipment _____
2- Handling Transmissions, Engines, Other Heavy Parts	_____	_____	_____	
3- Struck by Moving Vehicle	_____	_____	_____	
4- Acid Containing Products	_____	_____	_____	
5- Extreme Heat	_____	_____	_____	
6- Work at Heights	_____	_____	_____	
8- Computer Work	_____	_____	_____	



Respiratory

Is there any danger from the following hazards?	Yes	No	E, G	Identify Administrative or PPE Controls Needed
1- Painting with Solvent Based Paints containing Isocyanates	_____	_____	_____	<input type="checkbox"/> Supplied Air w/ Full Hood <input type="checkbox"/> PAPR w/ Full Hood <input type="checkbox"/> Dust Mask <input type="checkbox"/> Follow MSDS for Respiratory Controls <input type="checkbox"/> Follow MSDS for Respiratory Controls <input type="checkbox"/> Follow MSDS for Respiratory Controls <input type="checkbox"/> Negative Pressure HEPA Self Enclosed Vacuum System <input type="checkbox"/> Wet Down Method
2- Sanding	_____	_____	_____	
3- Cleaning with Harmful Chemicals	_____	_____	_____	
4- Vehicle Body Repairs with Fiberglass-Based Products	_____	_____	_____	
5- Groundskeeping using pesticides	_____	_____	_____	
6- Brake Dust from Asbestos Containing Brake Pads	_____	_____	_____	

Miscellaneous

Is there any danger from the following hazards?	Yes	No	E, G	Identify Administrative or PPE Controls Needed
1- Loud Noise (generator, fans, sanding, tool use)	_____	_____	_____	<input type="checkbox"/> Ear Plugs <input type="checkbox"/> Ear Muffs <input type="checkbox"/> Noise Encapsulation <input type="checkbox"/> Cut Resistant Gloves when Reaching under Seats <input type="checkbox"/> Latex Gloves if involved in Emergency Response
1- Contact with Bodily Fluids	_____	_____	_____	
2- Groundskeeping/Snow Removal	_____	_____	_____	
4- Other _____	_____	_____	_____	<input type="checkbox"/> Guards on all equipment <input type="checkbox"/> Staff Trained in Equipment Usage <input type="checkbox"/> Other _____

Corrective Actions

If any hazards noted above could be eliminated, please note the action taken below.

IMPORTANT NOTICE - The information and suggestions presented by PMA Companies in this risk control document are for your consideration in your loss prevention efforts. They are not intended to be complete or definitive in identifying all hazards associated with your business, preventing workplace accidents, or complying with any safety related or other laws or regulations. You are encouraged to alter the information and suggestions to fit the specific hazards of your business and to have your legal counsel review all of your plans and company policies.

