






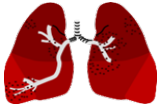
Personal Protective Equipment (PPE) Hazard Assessment Survey and Analysis




Department: _____ Location: _____

Job Position: _____ Operation/Process: _____

Person Performing Assessment: _____ Title: _____

The Following Hazards Have Been Noted

HANDS	✓	HAZARD	✓	REQUIRED PPE
		Penetration - Sharp Objects		Leather/Cut Resistant Gloves
		Penetration - Animal Bites		Leather/Cut Resistant Gloves
		Penetration - Rough Objects		General Purpose Work Gloves
		Chemical(s) _____		Chemical Resistant Gloves (Dependent on chemical hazard)
		Extreme Cold		Insulated Gloves
		Extreme Heat		Heat/Flame Resistant Gloves
		Blood		Latex or Nitrile Gloves
		Electrical Shock		Insulated Rubber Gloves
		Vibration-Power Tools		Cotton, Leather, or Anti-Vibration Gloves
		Other _____		Other _____
FACE AND EYES	✓	HAZARD	✓	REQUIRED PPE
		Exposure to Sparks		Leather Welding Hood
		Impact-Flying Objects, Chips, Sand, Dirt		Safety Glasses w/ Side Shields
			Safety Glasses/Goggles w/ Face Shield	
		Nuisance Dust		Impact Goggles
		UW light-welding, cutting, torch brazing, or soldering		Welding goggles
			Welding helmet/shield w/safety glasses and side shields	
		Chemical - Splashing Liquid		Chemical Goggles/ Face Shield
		Chemical - Irritating Mists		Chemical Splash Goggles
		Hot Sparks - Grinding		Safety Glasses w/ Side Shields / Face Shield
		Splashing Molten Metal		Safety Goggles / Face Shield
		Sun Exposure/Glare/High Intensity Lights		Shaded Safety Glasses
		Laser Operations		Laser Safety Glasses/Goggles (WV specific)
	Other _____		Other _____	
EARS	✓	HAZARD	✓	REQUIRED PPE
		Exposure to noise levels (85 dBA 8-hour TWA)		Ear Muffs or Plugs
RESPIRATORY SYSTEM	✓	HAZARD	✓	REQUIRED PPE
		Nuisance Dust/Mist		Disposable Dust/Mist Mask
		Welding Fumes		Welding Respirator
		Asbestos		Respirator w/HEPA Filter
		Pesticides		Respirator w/Pesticide Cartridge
		Isocyanates		Air Supplied Respirator
		Paint Spray		Respirator w/Paint Spray Cartridge
		Organic Vapors		Respirator w/ Organic Cartridge
		Acid Gases		Respirator w/Acid Gas Cartridge
		Oxygen Deficient/ Toxic/ or IDLH Atmosphere		SCBA or Type C Airline Respirator
		Other _____		Other _____

FOOT	✓	HAZARD	✓	REQUIRED PPE
		Impact-Heavy Objects		Steel Toe Safety Shoes
		Compression-Rolling or Pinching Objects/Vehicles		Leather Boots or Safety Shoes w/Metatarsal Guards
		Slippery or Wet Surface		Slip Resistant Shoes
		Penetration-Sharp Objects		Puncture Resistant Shoes
		Penetration-Chemicals		Chemical Resistant Boots/Covers
		Exposure to Extreme Cold		Insulated Boots or Shoes
		Other _____ _____		Other _____ _____
HEAD	✓	HAZARD	✓	REQUIRED PPE
		Struck By		Hard Hat
		Top of Head Only		Type 1
		Lateral or Top of Head Hazard		Type 2
		Electrical-Contact with Exposed Wires/Conductors		Electrical Class
		Other _____ _____		Other _____ _____
BODY	✓	HAZARD	✓	REQUIRED PPE
		Impact-Flying Objects		Long Sleeves/Apron/Coat
		Moving Vehicles		High Visibility Vest
		Penetration-Sharp Objects		Cut-Resistant Sleeves/Wristlets
		Electrical-Static Discharge		Static Control Coats/Overalls
		Hot Metal/Sparks		Flame-Resistant Jacket/Pants
		Chemical(s) _____		Lab Coat or Apron/Sleeves
		Exposure to Extreme Cold		Insulated Jacket/Hood/Pants
		Exposure to Extreme Heat		Body Cooling Devices
		Unprotected Elevated Walking/Working Surface		Body Harness/Lanyard
		Other _____ _____		Other _____ _____

CERTIFICATION: I certify that I personally performed the above Hazard Assessment on the date indicated. This document is a Certification of the Hazard Assessment.

Signed by: _____ Date: _____