

Hazard Assessment for Personal Protective Equipment (PPE)

Use this tool to help you with a hazard assessment to see if the 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.

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. Try considering engineering, work place, and/or administrative controls to eliminate or reduce the hazards before resorting to using PPE. If the hazard cannot be eliminated without using PPE, indicate which type(s) of PPE will be required to protect your employee from the hazard.
4. Feel free to write in on the "other" line concerns that are not already listed.

PPE Hazard Assessment

Department / Station: _____

Conducted by: _____

Job/Task(s): _____

Date: _____

Work area(s): _____

Use a separate sheet for each job/task or work area

EYES / FACE		
<p><u>Work activities, such as:</u></p> <input type="checkbox"/> abrasive blasting <input type="checkbox"/> sanding <input type="checkbox"/> handling chemicals <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"/> mixing <input type="checkbox"/> cleaning <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"/> biohazard splashes <input type="checkbox"/> hazardous liquid chemicals <input type="checkbox"/> intense light or lasers <input type="checkbox"/> extreme heat/cold <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"/> Dust-tight <input type="checkbox"/> Safety goggles <input type="checkbox"/> Shading/Filter (# _____) <input type="checkbox"/> Face shield <input type="checkbox"/> Other: _____
HEAD		
<p><u>Work activities, such as:</u></p> <input type="checkbox"/> building maintenance/construction <input type="checkbox"/> electrical wiring <input type="checkbox"/> walking/working under catwalks/conveyor belts <input type="checkbox"/> walking/working under crane loads <input type="checkbox"/> confined space operations <input type="checkbox"/> utility work <input type="checkbox"/> other: _____	<p><u>Work-related exposure to:</u></p> <input type="checkbox"/> falling objects <input type="checkbox"/> machine parts <input type="checkbox"/> beams/pipes <input type="checkbox"/> exposed electrical wiring or components <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"/> Hard Hat <input type="checkbox"/> Type I & II (general service/ falling objects) <input type="checkbox"/> Class E/G/C (electrical shock hazard) <input type="checkbox"/> Bump cap <input type="checkbox"/> Other: _____
HANDS/ARMS		
<p><u>Work activities, such as:</u></p> <input type="checkbox"/> material handling <input type="checkbox"/> cooking <input type="checkbox"/> handling chemicals <input type="checkbox"/> grinding <input type="checkbox"/> sawing <input type="checkbox"/> welding <input type="checkbox"/> infectious materials <input type="checkbox"/> working with glass <input type="checkbox"/> using knives <input type="checkbox"/> cleaning <input type="checkbox"/> other: _____	<p><u>Work-related exposure to:</u></p> <input type="checkbox"/> biohazards/infectious materials <input type="checkbox"/> irritating chemicals <input type="checkbox"/> tools or materials that could scrape, bruise, irritate or cut <input type="checkbox"/> extreme heat/cold <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"/> Gloves <input type="checkbox"/> Chemical resistance <input type="checkbox"/> Temperature resistance <input type="checkbox"/> Abrasion/cut resistance <input type="checkbox"/> Slip resistance

		<input type="checkbox"/> Protective sleeves <input type="checkbox"/> Long sleeved shirt <input type="checkbox"/> Other: _____
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FEET/LEGS

<u>Work activities, such as:</u> <input type="checkbox"/> building maintenance <input type="checkbox"/> construction <input type="checkbox"/> demolition <input type="checkbox"/> aquaculture <input type="checkbox"/> hot work / welding <input type="checkbox"/> chain sawing <input type="checkbox"/> laboratory <input type="checkbox"/> landscaping/trimmer <input type="checkbox"/> use of highly flammable materials <input type="checkbox"/> other: _____	<u>Work-related exposure to:</u> <input type="checkbox"/> puncture from debris/fish fins <input type="checkbox"/> stepping on debris/hazards <input type="checkbox"/> exposed electrical wiring or components <input type="checkbox"/> heavy equipment <input type="checkbox"/> objects striking feet/legs <input type="checkbox"/> slippery surfaces <input type="checkbox"/> tools <input type="checkbox"/> infectious materials/contamination <input type="checkbox"/> explosive atmospheres <input type="checkbox"/> other: _____	<u>Can hazard be eliminated without the use of PPE?</u> Yes <input type="checkbox"/> No <input type="checkbox"/> <u>If no, use:</u> <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"/> Saw chaps <input type="checkbox"/> Long pants <input type="checkbox"/> Foot-Leg guards <input type="checkbox"/> Close-toed shoes <input type="checkbox"/> Disposable shoe covers <input type="checkbox"/> Other: _____
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BODY/SKIN

<u>Work activities such as:</u> <input type="checkbox"/> laboratory <input type="checkbox"/> hot work / welding <input type="checkbox"/> irritating chemicals/materials <input type="checkbox"/> baking or frying <input type="checkbox"/> sawing <input type="checkbox"/> outside for extended periods <input type="checkbox"/> other: _____	<u>Work-related exposure to:</u> <input type="checkbox"/> chemical splashes <input type="checkbox"/> extreme heat/cold <input type="checkbox"/> sharp or rough edges <input type="checkbox"/> outdoor weather <input type="checkbox"/> other: _____	<u>Can hazard be eliminated without the use of PPE?</u> Yes <input type="checkbox"/> No <input type="checkbox"/> <u>If no, use:</u> <input type="checkbox"/> Coveralls, lab coat, apron <input type="checkbox"/> Welding leathers <input type="checkbox"/> Abrasion/cut resistance <input type="checkbox"/> Protective hat/appropriate clothing <input type="checkbox"/> Raingear/rubber boots <input type="checkbox"/> Other: _____
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BODY/WHOLE

<u>Work activities such as:</u> <input type="checkbox"/> building maintenance/ construction <input type="checkbox"/> heavy equipment work zones <input type="checkbox"/> along roadway <input type="checkbox"/> boat, seining, or other water activities <input type="checkbox"/> utility work <input type="checkbox"/> other: _____	<u>Work-related exposure to:</u> <input type="checkbox"/> working from heights of 10 feet or more <input type="checkbox"/> confined space <input type="checkbox"/> struck by traffic/equipment <input type="checkbox"/> working near water <input type="checkbox"/> other: _____	<u>Can hazard be eliminated without the use of PPE?</u> Yes <input type="checkbox"/> No <input type="checkbox"/> <u>If no, use:</u> <input type="checkbox"/> Fall Arrest/Restraint: Type: _____ <input type="checkbox"/> High visibility clothing <input type="checkbox"/> PFD/ life jacket Type: _____ <input type="checkbox"/> Other: _____
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LUNGS/RESPIRATORY		
<u>Work activities such as:</u> <input type="checkbox"/> cleaning <input type="checkbox"/> mixing/pouring/spraying chemicals <input type="checkbox"/> laboratory <input type="checkbox"/> painting <input type="checkbox"/> grinding/sanding <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/chemicals <input type="checkbox"/> infectious agents <input type="checkbox"/> asbestos <input type="checkbox"/> other: _____	<u>Can hazard be eliminated without the use of PPE?</u> Yes <input type="checkbox"/> No <input type="checkbox"/> <u>If no, use:</u> <input type="checkbox"/> N, R, or P disposable respirator (filter-mask, non-cartridge type only). <input type="checkbox"/> Air purifying, filtered face mask _____half _____full-face type <input type="checkbox"/> Supplied-air respirator <input type="checkbox"/> Self-contained breathing apparatus
EARS/HEARING		
<u>Work activities such as:</u> <input type="checkbox"/> generator/ motors <input type="checkbox"/> grinding/sawing <input type="checkbox"/> equipment <input type="checkbox"/> firearms/explosives <input type="checkbox"/> power tools <input type="checkbox"/> pneumatic equipment <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"/> other: _____	<u>Can hazard be eliminated without the use of PPE?</u> Yes <input type="checkbox"/> No <input type="checkbox"/> <u>If no, use:</u> <input type="checkbox"/> Ear plugs or earmuffs (with appropriate NRR rating)

(1) Respirator fit testing & medical evaluation is required. Selection of appropriate filter is critical.