

Department: _____
Position: _____
Work Activities: _____

Date: _____
Department Rep: _____
EH&S Rep: _____

Hazard Assessment for PPE

Use with WAC 296-800-160 Personal Protective Equipment (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 particular work place, or develop your own form that is appropriate to your work environment.

This tool can also serve as written certification that you have done a hazard assessment as required by WAC 296-800-16010 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. 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. Make sure that you complete the following fields on the form (indicated by *) to certify that a hazard assessment was done:

*Name of your work place

*Address of the work place where you are doing the hazard assessment

*Name of person certifying that a workplace hazard assessment was done

*Date the hazard assessment was done

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EYES

Work Activities such as:	Work related exposure to:	Can hazard be eliminated without use of PPE?
<input type="checkbox"/> Abrasive blasting	<input type="checkbox"/> Airborne dust	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Chopping	<input type="checkbox"/> Dirt	If not, use:
<input type="checkbox"/> Cutting	<input type="checkbox"/> Flying particles/objects	
<input type="checkbox"/> Drilling	<input type="checkbox"/> Molten metal splashes	<input type="checkbox"/> Safety glasses
<input type="checkbox"/> Punch press operation	<input type="checkbox"/> Hot sparks	<input type="checkbox"/> Safety glasses with side shields
<input type="checkbox"/> Sanding	<input type="checkbox"/> Hazardous liquid chemical mists	<input type="checkbox"/> Safety goggles
<input type="checkbox"/> Sawing	<input type="checkbox"/> Chemical splashes	<input type="checkbox"/> Dust tight goggles
<input type="checkbox"/> Grinding	<input type="checkbox"/> Blood or other biohazard splashes	<input type="checkbox"/> Welding shield
<input type="checkbox"/> Hammering	<input type="checkbox"/> UV	<input type="checkbox"/> Shading/Filter #: _____
<input type="checkbox"/> Chipping	<input type="checkbox"/> Intense light	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Welding	<input type="checkbox"/> Laser operations	
<input type="checkbox"/> Soldering	<input type="checkbox"/> Other _____	
<input type="checkbox"/> Torch blazing		
<input type="checkbox"/> Working outdoors		
<input type="checkbox"/> Computer work		
<input type="checkbox"/> Other: _____		

FACE

Work Activities such as:	Work related exposure to:	Can hazard be eliminated without use of PPE?
<input type="checkbox"/> Cleaning	<input type="checkbox"/> Hazards liquid chemicals	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Cooking	<input type="checkbox"/> Extreme heat/cold	If not, use:
<input type="checkbox"/> Siphoning	<input type="checkbox"/> High voltage	
<input type="checkbox"/> Painting	<input type="checkbox"/> Potential irritants	<input type="checkbox"/> Face shield
<input type="checkbox"/> Dip tank operations	<input type="checkbox"/> Other:	<input type="checkbox"/> Welding shield
<input type="checkbox"/> Pouring		<input type="checkbox"/> Arc flash shield
<input type="checkbox"/> Foundry work		<input type="checkbox"/> Other: _____
<input type="checkbox"/> Welding		
<input type="checkbox"/> Mixing		
<input type="checkbox"/> Pouring molten metal		
<input type="checkbox"/> Working outdoors		
<input type="checkbox"/> Other: _____		

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Head

Work Activities such as:

- Building maintenance
- Confined space operations
- Construction
- Electrical wiring
- Walking/working under catwalks
- Walking/working on catwalks
- Working with/around conveyor belts
- Walking/working under crane loads
- Utility work
- Tunnel/confined space work
- Other: _____

Work related exposure to:

- Beams
- Pipes
- Exposed electrical wiring or components
- Falling objects
- Fixed objects
- Machine parts
- High voltage
- Other: _____

Can hazard be eliminated without use of PPE?

- Yes No
- If not, use:
- Protective helmet
 - Type I (top of head impact)
 - Type II (top and side of head impact)
 - Class E (high voltage)
 - Class G (low voltage)
 - Hair net
 - Other: _____

HANDS/ARMS

Work Activities such as:

- Baking
- Cooking
- Grinding
- Welding
- Working with glass
- Using computers
- Using knives
- Dental and health care services
- Garbage disposal
- Material handling
- Sanding
- Sawing
- Hammering
- Using power tools
- Working outdoors
- Other: _____

Work related exposure to:

- Blood or other biohazard
- Irritating chemicals
- Tools or materials that could scrape, bruise, or cut
- Extreme heat
- Extreme cold
- High voltages
- Animal bites
- Electric shock
- Vibration
- Musculoskeletal disorders
- Sharps injury
- Other: _____

Can hazard be eliminated without use of PPE?

- Yes No
- If not, use:
- Gloves
 - Chemical resistant
 - Liquid/leak resistant
 - Temperature resistant
 - Abrasion/cut resistant
 - Slip resistant
 - Vibration resistant
 - Electrical resistant: 1.2 cal/cm² leather
 - Arc flash: Rated _____
 - Protective sleeves
 - Other: _____

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FEET/LEGS

Work Activities such as:

- Building maintenance
- Construction
- Demolition
- Food processing
- Foundry work
- Working outdoors
- Logging
- Plumbing
- Trenching
- Use of highly flammable materials
- Use of corrosive materials
- Welding
- Other: _____

Work related exposure to:

- Explosive atmospheres
- High voltage
- Exposed electrical wiring or components
- Heavy equipment
- Impact from objects
- Pinch points
- Crushing
- Slippery/wet surfaces
- Sharps injury
- Blood or other biohazard
- Chemical splash
- Chemical penetration
- Extreme heat
- Extreme cold
- Fall
- Kneeling
- Other: _____

Can hazard be eliminated without use of PPE?

- Yes No

If not, use:

- Safety shoes
 - Toe protection
 - Electrical protection
 - Puncture resistant
 - Anti-slip shoes
 - Material protection
 - Heat/cold protection
 - Chemical resistant
- Leggings or chaps
- Foot/leg guards
- Arc Flash: Rated _____
- Other: _____

BODY/SKIN

Work Activities such as:

- Baking or frying
- Battery charging
- Dip tank operations
- Fiberglass installation
- Asbestos/lead work
- Sawing
- Other: _____

Work related exposure to:

- Chemical splashes
- Extreme heat
- Extreme cold
- Sharp or tough edges
- Irritating chemicals
- Blood or other biohazard
- Toxic or corrosive chemicals
- High voltage
- Other: _____

Can hazard be eliminated without use of PPE?

- Yes No

If not, use:

- Vest/Jacket
- Coveralls/Body suit
- Rain gear
- Apron
- Welding leathers
- Abrasion/cut resistant
- Arc flash: Rating: _____
- Other: _____

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WHOLE BODY

Work Activities such as:

- Building maintenance activities
- Construction
- Computer work
- Working outdoors
- Utility work
- High voltage
- Toxic or corrosive chemicals
- Other: _____

Work related exposure to:

- Working form heights 10-foot or more
- Impact from flying objects
- Impact from moving vehicles
- Sharps injury
- Blood or other biohazard
- Electrical/static discharge
- Hot metal
- Sparks
- Chemicals
- Extreme heat
- Extreme cold
- Elevated walking/working surface
- Working near water
- Injury from slip/trip/fall
- Other: _____

Can hazard be eliminated without use of PPE?

- Yes No

If not, use:

- Fall arrest/restraint
- PFD: Type: _____
- Arc flash: Rated: _____
- Other: _____

LUNGS/RESPIRATORY

Work Activities such as:

- Cleaning
- Mixing
- Painting
- Fiberglass insulation
- Compressed air or gas operations
- Confined space work
- Floor installation
- Ceiling repair
- Working outdoors
- Pouring
- Sawing
- Grinding
- Asbestos/lead exposure
- Other: _____

Work related exposure to:

- Dust or particulate
- Potential for asbestos exposure
- Toxic gas/vapor
- Chemical irritants
- Toxic or corrosive chemicals
- Welding fumes
- Pesticides
- Organic vapors
- Oxygen deficient environment
- Paint spray
- Other: _____

Can hazard be eliminated without use of PPE?

- Yes No

If not, use:

- Filtering facepiece respirator (dust mask)
- Half-face respirator
- Full-face respirator
- PAPR
- Supplied Air Respirator
- Self-contained breathing apparatus (SCBA)
- Other: _____

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EARS/HEARING

Work Activities such as:

- Generator
- Ventilation fans
- Motors
- Band/symphony/jazz
- Pneumatic equipment
- Punch or brake press
- Use of conveyors
- Grinding/sanding
- Machining
- Routers/sawing
- Coaching
- Sparks
- Other: _____

Work related exposure to:

- Loud noises
- Loud work environment
- Noisy machine/tools
- Punch or brake presses
- Welding
- Drums
- Brass musical instruments
- Loud crowd noises
- Other: _____

Can hazard be eliminated without use of PPE?

- Yes No

If not, use:

- Ear plugs
- Ear muffs
- Other: _____

NOTES/COMMENTS

Signatures

Department Supervisor: _____

Date

Division Supervisor: _____

Date