# PPE Hazard Assessment Certification Form

**Name of Workplace** ___________________________________

**Assessment Conducted By** ___________________________________

**Workplace Address** ___________________________________

**Date of Assessment** ______________________________

**Work Areas** ___________________________________

**Job/Task(s)** ___________________________________

## EYES

**Work Activities such as**
- ○ Chopping
- ○ Cutting
- ○ Drilling
- ○ Welding
- ○ Cleaning
- ○ Mopping
- ○ Other:

**Work-related exposure to:**
- ○ Airborne dust
- ○ Flying particles
- ○ Blood splashes
- ○ Hazardous liquid chemicals
- ○ Other:

**Can hazard be eliminated without PPE?**
- ○ YES
- ○ NO

**If NO use**
- ○ Safety glasses
- ○ Safety goggles
- ○ Side-shields
- ○ Other:

## FACE

**Work Activities such as**
- ○ Cleaning
- ○ Cooking
- ○ Siphoning
- ○ Painting
- ○ Mixing
- ○ Other:

**Work-related exposure to:**
- ○ Hazardous liquid chemicals
- ○ Potential irritants
- ○ Other:

**Can hazard be eliminated without PPE?**
- ○ YES
- ○ NO

**If NO use**
- ○ Safety glasses
- ○ Safety goggles
- ○ Side-shields
- ○ Mask
- ○ Other:

## HANDS/ARMS

**Work Activities such as**
- ○ Baking
- ○ Cooking
- ○ Grinding
- ○ Working with glass
- ○ Using knives
- ○ Cleaning
- ○ Mopping floor
- ○ Other:

**Work-related exposure to:**
- ○ Blood
- ○ Irritating chemicals
- ○ Tools or materials that could scrape, bruise or cut
- ○ Other:

**Can hazard be eliminated without PPE?**
- ○ YES
- ○ NO

**If NO use**
- ○ Gloves:
  - Chemical resistance
  - Liquid/leak resistance
  - Temperature resistance
  - Abrasion resistance
  - Slip resistance
- ○ Protective sleeves
- ○ Other:
## FEET/LEGS

<table>
<thead>
<tr>
<th>Work Activities such as</th>
<th>Work-related exposure to:</th>
<th>Can hazard be eliminated without PPE?</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>YES     NO</td>
</tr>
<tr>
<td>Building maintenance</td>
<td>Heavy equipment</td>
<td>0 Safety shoes or boots</td>
</tr>
<tr>
<td>Food processing</td>
<td>Slippery surfaces</td>
<td>0 Foot leg-guards</td>
</tr>
<tr>
<td>Plumbing</td>
<td>Tools</td>
<td>0 Close toe shoes</td>
</tr>
<tr>
<td>Welding</td>
<td>Other:</td>
<td>0 Other</td>
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<td>Other:</td>
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Signature of person performing assessment: _____________________________________________

## BODY/SKIN

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Signature of person performing assessment: _____________________________________________