

Personal Protective Equipment Certification of Hazard Assessment Form

Location:		Date:	
Specific Task Performed at this Location:			
Analysis Conducted By:			
I. Overhead Hazards			
Hazards to Consider:			
<ul style="list-style-type: none"> 1 Suspended Loads that could Fall 2 Overhead beams or loads that could be hit against 3 Energized wires or equipment that could be hit against 4 Employees working at elevated sites who could drop objects on others below. 5 Sharp Objects or corners at head level 			
Hazards Identified:			
Equipment Needed:			
Head Protection:	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Type:	
<input type="checkbox"/> Type G (General) Impact and Penetration resistance, low voltage exposure, proof tested at 2,200 volts. <input type="checkbox"/> Type E (Electrical) Impact and Penetration resistance, high voltage exposure, proof tested at 20,000 volts. <input type="checkbox"/> Type C (Conductive) Impact and Penetration resistance, no electrical exposure.			
II. Eye and Face Hazards			
Hazards to Consider:			
<ul style="list-style-type: none"> 1 Chemical Splashes 2 Smoke and Fumes 3 Lasers and Optical Radiation 4 Projectiles 5 Dust 6 Welding Operations 7 Bioaerosols 			
Hazards Identified:			
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> Is Eye Protection Needed? <input type="checkbox"/> Yes <input type="checkbox"/> No </div>			
If yes then indicate below from the following;			
Safety Glasses	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Type:	
Face Shields	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Type:	

III. Hand Hazards

Hazards to Consider:

- 1 Chemical
- 2 Temperature Extremes
- 3 Exposed Electrical
- 4 Material Handling
- 5 Sharp Edges, Splinters
- 6 Biological Agents
- 7 Sharp Tools, Machine Parts

Hazards Identified:

Is Hand Protection Needed? ☐ Yes ☐ No

If yes then indicate below from the following;

Gloves	
<input type="checkbox"/>	Chemical Resistant
<input type="checkbox"/>	Temperature Resistant
<input type="checkbox"/>	Abrasion Resistant
<input type="checkbox"/>	Other (Explain)

IV. Foot Hazards

Hazards to Consider:

- 1 Heavy Materials handled by employees
- 2 Exposed Electrical Wires
- 3 Wet Conditions
- 4 Sharp Edges or Points (Puncture Risk)
- 5 Unusually Slippery Conditions
- 6 Construction / Demolition

Hazards Identified:

Is Foot Protection Needed? ☐ Yes ☐ No

If yes then indicate below from the following;

Safety Shoe Types:	
<input type="checkbox"/>	Toe Protection
<input type="checkbox"/>	Metatarsal Protection
<input type="checkbox"/>	Electrical Insulation
<input type="checkbox"/>	Puncture Resistant
<input type="checkbox"/>	Other (Explain)

IV. Other Identified Safety and or Health Hazards

	Hazards Identified		Recommended Protection
1		1	
2		2	
3		3	
4		4	
5		5	
6		6	
7		7	
8		8	

I certify that the above inspection was performed to the best of my knowledge and ability, based on the hazards present on the evaluated day.

Forman Signature:

Printed Name:

Date: