

Appendix B

PPE Hazard Assessment Worksheet

This tool in combination with Appendix C (Summary of PPE Requirements) serves as written certification that you have completed a hazard assessment for PPE.

Instructions:

1. Identify any possible activities that could cause a hazard by reviewing items listed in the first column, putting a check next to the activities performed in that work area or job/task. **NOTE: the activities listed in the first column are not all inclusive. You may need to write down other activities that are not listed.**
2. Identify any possible hazards that could cause injury by reviewing the items listed 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; hazard: flying particles). **NOTE: the hazards listed in the second column are not all inclusive. You may need to write down other hazards that are not listed.**
3. Determine if the hazard can be eliminated. If the hazard cannot be eliminated without using PPE, indicate which type(s) of PPE will be required to protect your employees from the hazard. Appendix E (Personal Protective Equipment Descriptions) and Appendix F (Welding Operation Shading Guide) are supplemental information. **NOTE: The PPE listed in the third column is not all inclusive. You may need to write down other PPE that is not listed.**
4. **If having trouble determining correct PPE, Contact EHS @ 814-865-6391.**

PPE Hazard Assessment Worksheet

Assessment conducted by (Print and Sign):	Task or Work Area:
Date:	Work Unit and Department:
Campus location:	Job title of personnel conducting work:

Use a separate sheet for each task or work area

EYES		
<p>Task or Work Area, such as:</p> <input type="checkbox"/> abrasive blasting <input type="checkbox"/> sanding <input type="checkbox"/> chopping <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"/> lab work <input type="checkbox"/> press operations <input type="checkbox"/> yard work <input type="checkbox"/> machining <input type="checkbox"/> laser use <input type="checkbox"/> Name task or work area: _____	<p>HAZARD(s):</p> <input type="checkbox"/> airborne dust <input type="checkbox"/> flying particles <input type="checkbox"/> blood or other potentially infectious material splashes <input type="checkbox"/> hazardous chemicals <input type="checkbox"/> intense light (ex. Lasers, welding) <input type="checkbox"/> cryogenic liquids <input type="checkbox"/> pesticide use <input type="checkbox"/> Name other hazard: _____ _____	<p><u>Can hazard be eliminated without the use of PPE?</u> Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If no, use:</p> <input type="checkbox"/> Safety glasses <input type="checkbox"/> Safety goggles <input type="checkbox"/> Laser safety glasses <input type="checkbox"/> Welding shield/helmet (shade # _____) see appendix F <input type="checkbox"/> Name other PPE: _____ _____ <input type="checkbox"/> No PPE Required
FACE		
<p>Task or Work Area, such as:</p> <input type="checkbox"/> cleaning <input type="checkbox"/> lab work <input type="checkbox"/> welding <input type="checkbox"/> furnace operations <input type="checkbox"/> mixing <input type="checkbox"/> yard work <input type="checkbox"/> painting <input type="checkbox"/> pouring molten metal <input type="checkbox"/> dip tank operations <input type="checkbox"/> Name task or work area: _____	<p>HAZARD(s):</p> <input type="checkbox"/> hazardous chemicals <input type="checkbox"/> extreme heat/cold <input type="checkbox"/> potential irritants <input type="checkbox"/> flying particles <input type="checkbox"/> Name other hazard: _____ _____	<p><u>Can hazard be eliminated without the use of PPE?</u> Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If no, use:</p> <input type="checkbox"/> Face shield <input type="checkbox"/> Welding shield/helmet (shade # _____) see appendix F <input type="checkbox"/> Name other PPE: _____ <input type="checkbox"/> No PPE Required

HEAD		
<p><u>Task or Work Area, such as:</u></p> <input type="checkbox"/> building maintenance <input type="checkbox"/> confined space operations <input type="checkbox"/> construction <input type="checkbox"/> electrical wiring <input type="checkbox"/> walking/working under crane loads <input type="checkbox"/> utility work <input type="checkbox"/> Name task or work area: _____	<p><u>HAZARD(s):</u></p> <input type="checkbox"/> overhead beams <input type="checkbox"/> overhead pipes <input type="checkbox"/> exposed electrical wiring or components <input type="checkbox"/> falling objects <input type="checkbox"/> machine parts (ex. Entanglement) <input type="checkbox"/> Name other hazard: _____	<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"/> Protective Helmet <input type="checkbox"/> Type E (up to 2,200 volts) <input type="checkbox"/> Type G (up to 20,000 volts) <input type="checkbox"/> Type C (no electrical protection) <input type="checkbox"/> Bump cap (not ANSI-approved) <input type="checkbox"/> Hair net or soft cap <input type="checkbox"/> Name other PPE: _____ <input type="checkbox"/> No PPE Required
HANDS/ARMS		
<p><u>Task or Work Area, such as:</u></p> <input type="checkbox"/> animal handling <input type="checkbox"/> material handling <input type="checkbox"/> cooking <input type="checkbox"/> sanding <input type="checkbox"/> grinding <input type="checkbox"/> sawing <input type="checkbox"/> welding <input type="checkbox"/> hammering <input type="checkbox"/> working with glass <input type="checkbox"/> yard work <input type="checkbox"/> using knives <input type="checkbox"/> health care services <input type="checkbox"/> Name task or work area: _____	<p><u>HAZARD(s):</u></p> <input type="checkbox"/> blood or other potentially infectious material <input type="checkbox"/> hazardous chemicals <input type="checkbox"/> tools or materials that could scrape, bruise, cut or puncture <input type="checkbox"/> extreme heat/cold <input type="checkbox"/> electricity <input type="checkbox"/> Name other hazard: _____	<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"/> Liquid/leak resistance <input type="checkbox"/> Temperature resistance <input type="checkbox"/> Abrasion/cut resistance <input type="checkbox"/> Slip resistance <input type="checkbox"/> Voltage rated <input type="checkbox"/> Protective sleeves <input type="checkbox"/> Long sleeve shirt <input type="checkbox"/> Name other PPE: _____ <input type="checkbox"/> No PPE Required

FEET/LEGSTask or Work Area, such as:

- building maintenance
- construction
- demolition
- food processing
- animal handling
- logging (ex. chainsaw)
- plumbing
- trenching
- welding
- Name task or work area: _____

HAZARD(s):

- objects that can roll over feet
- hazardous chemicals
- material handling
- exposed electrical wiring or components
- heavy equipment (ex. Forklift, pallet jack)
- slippery surfaces
- tools
- Name other hazard: _____

Can hazard be eliminated without the use of PPE?Yes No If no, use:

- Safety shoes or boots
 - Toe protection
 - Metatarsal protection
 - Electrical protection
 - Heat/cold protection
 - Puncture resistance
 - Chemical resistance
 - Anti-slip soles
- Leggings or chaps
- Long pants
- Closed toe shoe
- Name other PPE: _____
- No PPE Required

BODYTask or Work Area, such as:

- baking or frying
- building maintenance
- battery charging
- construction
- dip tank operations
- utility work
- fiberglass installation
- scaffold use
- irritating chemicals
- aerial lift use
- sawing
- working near water
- item under pressure
- live electrical work
- use of highly flammable materials
- Name task or work area: _____

HAZARD(s):

- chemical splashes
- extreme heat/cold
- sharp or rough edges
- exposed electrical wiring or components
- height of more than 10 feet on scaffold
- height of 6 feet during maintenance/construction activities
- traffic control
- hunting / gun fire
- Name other hazard: _____

Can hazard be eliminated without the use of PPE?Yes No If no, use:

- High Visibility Clothing
- Fluorescent orange vest & cap
- Flame Retardant Clothing
- Coveralls, Body suit
- Chemical resistant suit
- Arc Flash PPE
- Fall arrest/restraint equipment
- Apron
- Personal Floatation Device
- Welding leathers
- Abrasion/cut resistance
- Name other PPE: _____
- No PPE Required

LUNGS/RESPIRATORY

Task or Work Area, such as:

- cleaning
- pouring
- mixing
- sawing
- painting
- fiberglass installation
- compressed air or gas operations
- welding
- Name task or work area: _____

HAZARD(s):

- irritating dust or particulate
- irritating or toxic gas/vapor
- Pesticides
- Name other hazard: _____

Can hazard be eliminated without the use of PPE?Yes No *(EHS must be contacted before employees are permitted to utilize a respirator)*

- Dust mask
- 1/2 mask
- Full mask
- Powered Air Purifying Respirator (PAPR)
- Self Contained Breathing Apparatus (SCBA)
- Name other PPE: _____

 No PPE Required**EARS/HEARING**

Task or Work Area, such as:

- generator
- grinding
- ventilation fans
- machining
- motors
- routers
- sanding
- sawing
- pneumatic equipment
- punch or brake presses
- use of conveyors
- Name task or work area: _____

HAZARD(s):

- loud noises
- loud work environment
- noisy machines/tools
- punch or brake presses
- landscaping equipment (ex. Lawn mower, blower, weed whacker)
- firearms
- Name other hazard: _____

Can hazard be eliminated without the use of PPE?Yes No

- Ear Plugs
- Ear Muffs
- Name other PPE: _____

 No PPE Required