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<p style="text-align: center;">Certification of Hazard Assessment For Personal Protective Equipment (PPE)</p>
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Company Name: _____

Address: _____

Workplace Assessed: _____

Name / Job Title of Assessor: _____

Date(s) of Assessment: _____

TYPES OF HAZARDS IN ASSESSED WORKPLACE:

A. IMPACT / FALLING OBJECT

1. Are there sources of motion which expose an employee to impact hazards? YES NO

2. List the source(s) of motion: _____

3. Is work performed above or below other workers? YES NO

4. Is it possible for an employee to be struck by a falling object? YES NO

5. Are there any activities generating flying fragments? YES NO

6. List the sources of flying fragments: _____

7. Do employees carry heavy objects, which could cause injury if dropped? YES NO

8. Is there any movement of personnel that could result in collision with stationary objects?

YES NO

9. Number of this type injury logged in company records for the last 5 years? _____

B. PENETRATION (sharp objects)

1. Are there sources of penetration hazards? YES NO

2. List the source(s) of penetration hazard: _____

3. Is there scrap metal, nails, wire, staples, or other foot penetration hazards used in this area?

YES NO

4. Are there sharp objects used in process area? YES NO

5. Are there processes where abrasions could occur? YES NO

6. Number of this type injury logged in company records for the last 5 years? _____



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C. **COMPRESSION / ROLLING / PINCHING OBJECTS**

1. Are there sources of compression / roll over hazards? YES NO

2. List the source(s) of compression / roll over hazard:

3. Are forklifts used in employee walk areas? YES NO

4. Do employees use manual skid movers? YES NO

5. Are there process hazards, which could crush employee's hands? YES NO

6. Are there bulk rolls of material or heavy pipes handled by employees? YES NO

7. Number of this type injury logged in company records for the last 5 years?

D. **CHEMICAL EXPOSURE**

1. Are chemicals used in the workplace? YES NO

2. If so, has a Chemical Hazard Analysis been completed? YES NO

3. Are there established Permissible Exposure Limits for each chemical? YES NO

4. Does employee exposure exceed the Permissible Exposure Limit? YES NO

5. Have air monitoring samples been taken to confirm question #4? YES NO

6. Will the chemical(s) irritate the skin or eyes? YES NO

7. Is there a splash hazard? YES NO

8. Does the chemical(s) release mists, vapors or gases? YES NO

9. Number of this type injury logged in company records for the last 5 years?

E. **HIGH or LOW TEMPERATURES (Including possible effects of high –stress)**

1. Are there sources of high temperature in the workplace? YES NO

2. Are there sources of low temperature in the workplace? YES NO

3. Are welding operations performed by employees in the work area? YES NO

4. Are molten metals present? YES NO

5. Are there furnace operations? YES NO

6. Could burn or eye injuries occur from any of the above questions? YES NO

7. Could temperatures adversely affect PPE? YES NO

8. Number of this type injury logged in company records for the last 5 years?



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F. HARMFUL DUST

1. Are there sources of harmful dust? YES NO

2. List the sources of dust hazard(s):

3. What is the Permissible Exposure limit of the dust?

4. Is abrasive blasting performed in the work area? YES NO

5. Number of this type of injury logged in company records for the last 5 years?

G. LIGHT (optical) RADIATION

1. Is welding, brazing or cutting operations performed in this workplace? YES NO

2. Are furnaces or heat-treating performed in this workplace? YES NO

3. Are there high intensity light sources? YES NO

4. Are lasers used in this workplace? YES NO

5. Number of this type injury logged in company records for the last 5 years?



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G. OTHER

1. ELECTRICAL

1. Are there exposed electrical conductors in the work area? YES NO

2. Can employees come into contact with these conductors? YES NO

2. WORKPLACE LAYOUT HAZARDS:

3. DROWNING HAZARDS:

4. SLIP, TRIP & FALL HAZARDS:

5. OTHER SAFETY ISSUES: (list)

RECOMMENDATIONS

H. DO MULTIPLE HAZARDS EXIST IN THIS WORKPLACE? YES NO



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NOTE: The following list does not cover all possible hazards that employees may face or for which personal protective equipment may be required. Noisy environments or those which may require respirators must be evaluated with appropriate test equipment to quantify the exposure level when overexposure is suspected.

The following list of Personal Protective Equipment (PPE) is recommended while working in this assessed job / workplace: (check all that apply)

Hand Protection

- Chemical Resistant Gloves
- Cut Resistant Gloves
- Heat Resistant Gloves
- Electrical Protective Gloves
- Long Sleeves
- Leather Work Gloves
- Other: (list) _____

Head Protection

- Hard Hat: Class A _____ Class B _____ Class C _____ Other _____
- Welding Hood
- Hair Net
- Other: (list) _____

Foot Protection

- Shoe Covers
- Chemical Resistant, steel toed steel shank
- Steel toed, steel shank safety shoes
- Metatarsal
- Other: (list) _____

Eye and Face Protection

- Goggles
- Safety Glasses
 - Side Shield _____
- Face Shield
 - Screen _____
 - Reflective _____
- Shaded Spectacles
 - Filter lenses rating _____
- Welding Helmet



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- Filter lenses rating _____
- ____ Welding Shield
- ____ Welding Goggles
- Filter lenses rating _____
- ____ Other: (list) _____

Hearing Protection

- NRR needed _____
- ____ Ear Plugs
- ____ Ear Muffs
- ____ Other: (list) _____

Chemical Protective Clothing

- ____ Lab Coat
- ____ Apron
- ____ Smock
- ____ Coveralls
- Made of: _____
- ____ Level A Suit
- Made of: _____
- ____ Level B Suit
- Made of: _____
- ____ Level C Suit
- Made of: _____
- ____ Rain Suit

Respiratory Protection

- ____ Dust Mask rating
- ____ Type N
- ____ Type R
- ____ Type P
- Rating ____ 95 ____ 99 ____ 99.99
- ____ Air Purifying Respirator
- Specify Cartridge: _____
- ____ Supplied Air System
- ____ Self Contained Breathing Air (SCBA)

Flotation Devices

- ____ Life Vest
- ____ Buoyant Work Vest
- ____ Other (specify): _____



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Traffic Safety Devices

- Reflective Vest
- Reflective Suit
- Other (specify): _____

Other Recommended Personal Protective Equipment PPE (specify):

I certify that the Hazard Assessment required by 29 CFR 1910.132(d) has been performed to assess if personal protective equipment (PPE) is needed in the assessed workplace.

Assessors Signature: _____

Title: _____

Date: _____

Reference Documents Used:



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EMPLOYERS NOTE: For questions about conducting a hazard assessment for PPE, contact FDRsafety at info@fdrsafety.com or 1-888-755-8010.