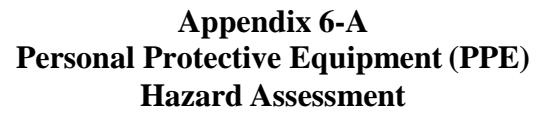
[illegible]

[illegible]



Appendix 6-A
Personal Protective Equipment (PPE)
Hazard Assessment
Personal Protective Equipment Worksheet

EMPLOYER:			
Location:			
Workplace Assessed/Evaluated:			
Dates(s):			Hazard(s) Assessed/Evaluated By:
Eye Hazards	Yes	No	Required Personal Protective Equipment – EYE
Frontal & Side Impact	<input type="checkbox"/>	<input type="checkbox"/>	
Electrical Arc	<input type="checkbox"/>	<input type="checkbox"/>	
Molten Metal	<input type="checkbox"/>	<input type="checkbox"/>	
Chemical Splash	<input type="checkbox"/>	<input type="checkbox"/>	
Injurious Light/Heat Radiation	<input type="checkbox"/>	<input type="checkbox"/>	
Suspended Particles	<input type="checkbox"/>	<input type="checkbox"/>	
Extreme Hot/Cold Splash	<input type="checkbox"/>	<input type="checkbox"/>	
Other –	<input type="checkbox"/>	<input type="checkbox"/>	
Other –	<input type="checkbox"/>	<input type="checkbox"/>	
Face Hazards	Yes	No	Required Personal Protective Equipment – FACE
Projectile Impact	<input type="checkbox"/>	<input type="checkbox"/>	



Appendix 6-A
Personal Protective Equipment (PPE)
Hazard Assessment

Chemical Splash	<input type="checkbox"/>	<input type="checkbox"/>	
Hot/Cold Splash	<input type="checkbox"/>	<input type="checkbox"/>	
Electrical Arc	<input type="checkbox"/>	<input type="checkbox"/>	
Injurious Heat Radiation	<input type="checkbox"/>	<input type="checkbox"/>	
Other –	<input type="checkbox"/>	<input type="checkbox"/>	
Foot Hazards	Yes	No	Required Personal Protection Equipment – FOOT
Falling Objects	<input type="checkbox"/>	<input type="checkbox"/>	
Rolling Objects	<input type="checkbox"/>	<input type="checkbox"/>	
Electrical Contact	<input type="checkbox"/>	<input type="checkbox"/>	
Sole Puncture	<input type="checkbox"/>	<input type="checkbox"/>	
Other –	<input type="checkbox"/>	<input type="checkbox"/>	
Hand Hazards	Yes	No	Required Personal Protective Equipment – HAND
Skin Absorption	<input type="checkbox"/>	<input type="checkbox"/>	
Severe Abrasions	<input type="checkbox"/>	<input type="checkbox"/>	
Severe Lacerations	<input type="checkbox"/>	<input type="checkbox"/>	
Chemical Burns	<input type="checkbox"/>	<input type="checkbox"/>	
Thermal Burns	<input type="checkbox"/>	<input type="checkbox"/>	
Extreme Cold	<input type="checkbox"/>	<input type="checkbox"/>	
Puncture	<input type="checkbox"/>	<input type="checkbox"/>	
Other –	<input type="checkbox"/>	<input type="checkbox"/>	



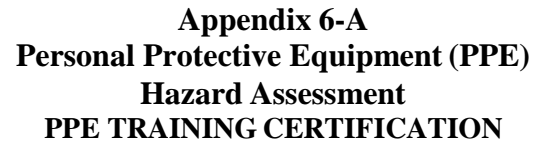
Appendix 6-A
Personal Protective Equipment (PPE)
Hazard Assessment

Other –	<input type="checkbox"/>	<input type="checkbox"/>	
Head Hazards	Yes	No	Required Personal Protective Equipment – HEAD
Bump Contact	<input type="checkbox"/>	<input type="checkbox"/>	
Overhead Falling Objects	<input type="checkbox"/>	<input type="checkbox"/>	
Side Flying Projectiles	<input type="checkbox"/>	<input type="checkbox"/>	
Electrical Contact	<input type="checkbox"/>	<input type="checkbox"/>	
Hoods	<input type="checkbox"/>	<input type="checkbox"/>	
Hair Enclosures	<input type="checkbox"/>	<input type="checkbox"/>	
Special Electrical Hazards	Yes	No	Required Personal Protective Equipment – ELECTRICAL (SPECIAL)
Insulating Blanket	<input type="checkbox"/>	<input type="checkbox"/>	
Hood	<input type="checkbox"/>	<input type="checkbox"/>	
Line Hose	<input type="checkbox"/>	<input type="checkbox"/>	
Barrier	<input type="checkbox"/>	<input type="checkbox"/>	
Matting	<input type="checkbox"/>	<input type="checkbox"/>	
Cover	<input type="checkbox"/>	<input type="checkbox"/>	
Gloves	<input type="checkbox"/>	<input type="checkbox"/>	
Sleeves	<input type="checkbox"/>	<input type="checkbox"/>	
Fall Hazards	Yes	No	Required Personal Protective Equipment - FALLS
Safety Belts	<input type="checkbox"/>	<input type="checkbox"/>	
Lanyards	<input type="checkbox"/>	<input type="checkbox"/>	
Safety Harness	<input type="checkbox"/>	<input type="checkbox"/>	
Lifelines	<input type="checkbox"/>	<input type="checkbox"/>	



Appendix 6-A
Personal Protective Equipment (PPE)
Hazard Assessment

Other –	<input type="checkbox"/>	<input type="checkbox"/>	
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[illegible]



Appendix 6-A
CERTIFICATION OF SAFETY-RELATED
PERSONAL PROTECTIVE EQUIPMENT HAZARD ASSESSMENT

Employer: _____

Location: _____

*Or type of work for employees not assigned to a fixed location

**Workplace
Assessed/
Evaluated** _____

Date(s): _____

**Name of Person
Assessing/** _____

**This document certifies that the Hazard Assessment has been performed as
required by OSHA General Safety Standards for Personal Protective Equipment**

**Signature of
Person Certifying** _____