

## PERSONAL PROTECTIVE EQUIPMENT HAZARD ASSESSMENT FORM

Eyes ▪ Face ▪ Head ▪ Hands-Arms ▪ Feet-Legs ▪ Body-Skin ▪ Respiratory ▪ Hearing

Employee Name: \_\_\_\_\_ Dept / Work areas(s): \_\_\_\_\_

Job/task(s): \_\_\_\_\_

Assessment Conducted by: \_\_\_\_\_ Signature \_\_\_\_\_ Date of Assessment: \_\_\_\_\_

EYES		
Work Activities	Work-Related Exposures	Personal Protective Equipment
<input type="checkbox"/> Abrasive Blasting <input type="checkbox"/> Chopping <input type="checkbox"/> Cutting <input type="checkbox"/> Drilling <input type="checkbox"/> Grinding <input type="checkbox"/> Hammering	<input type="checkbox"/> Janitorial <input type="checkbox"/> Landscape maintenance <input type="checkbox"/> Sanding <input type="checkbox"/> Sawing <input type="checkbox"/> Welding <input type="checkbox"/> Other _____	<input type="checkbox"/> Airborne dust <input type="checkbox"/> Flying particles <input type="checkbox"/> Blood splashes <input type="checkbox"/> Hazardous liquid chemicals <input type="checkbox"/> Intense light <input type="checkbox"/> Other _____
		Can hazard be eliminated without the use of PPE? <input type="checkbox"/> Yes <input type="checkbox"/> No  If no, use: <input type="checkbox"/> Safety glasses <input type="checkbox"/> Side shields <input type="checkbox"/> Safety goggles <input type="checkbox"/> Dust tight goggles <input type="checkbox"/> Shading/filter # _____ <input type="checkbox"/> Welding shield <input type="checkbox"/> Other _____

FACE		
Work Activities	Work-Related Exposures	Personal Protective Equipment
<input type="checkbox"/> Food prep <input type="checkbox"/> Janitorial <input type="checkbox"/> Mixing <input type="checkbox"/> Painting	<input type="checkbox"/> Solvent cleaning <input type="checkbox"/> Welding <input type="checkbox"/> Other _____	<input type="checkbox"/> Extreme heat/cold <input type="checkbox"/> Hazardous liquid chemicals <input type="checkbox"/> Potential irritants _____ <input type="checkbox"/> Other _____
		Can hazard be eliminated without the use of PPE? <input type="checkbox"/> Yes <input type="checkbox"/> No  If no, use: <input type="checkbox"/> Face shield <input type="checkbox"/> Welding shield <input type="checkbox"/> Shading/filter # _____ <input type="checkbox"/> Other _____

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HEAD		
Work Activities	Work-Related Exposures	Personal Protective Equipment
<input type="checkbox"/> Building maintenance <input type="checkbox"/> Confined space operations <input type="checkbox"/> Construction <input type="checkbox"/> Road work <input type="checkbox"/> Electrical wiring	<input type="checkbox"/> Walking/working under catwalk <input type="checkbox"/> Walking/working under crane loads <input type="checkbox"/> Utility work <input type="checkbox"/> Other _____	<input type="checkbox"/> Beams <input type="checkbox"/> Pipes <input type="checkbox"/> Exposed electrical wiring or components <input type="checkbox"/> Falling objects <input type="checkbox"/> Machine parts <input type="checkbox"/> Other _____
		Can hazard be eliminated without the use of PPE? <input type="checkbox"/> Yes <input type="checkbox"/> No  If no, use: Protective Helmet: <input type="checkbox"/> Flying/falling objects, no electrical contact <input type="checkbox"/> Hard hat <input type="checkbox"/> Electrical contact (<600 V) <input type="checkbox"/> Hair net <input type="checkbox"/> Electrical contact (>600V) <input type="checkbox"/> Soft cap <input type="checkbox"/> Bump Cap <i>(not ANSI approved)</i> <input type="checkbox"/> Other _____

HANDS - ARMS		
Work Activities	Work-Related Exposures	Personal Protective Equipment
<input type="checkbox"/> Building maintenance <input type="checkbox"/> Computer use <input type="checkbox"/> Food Preparation <input type="checkbox"/> Grinding <input type="checkbox"/> Hammering <input type="checkbox"/> Health Care Services <input type="checkbox"/> Janitorial	<input type="checkbox"/> Knife use <input type="checkbox"/> Landscape maintenance <input type="checkbox"/> Material Handling <input type="checkbox"/> Sanding <input type="checkbox"/> Sawing <input type="checkbox"/> Welding <input type="checkbox"/> Working with glass <input type="checkbox"/> Other _____	<input type="checkbox"/> Biological hazards (poison oak, insects, etc.) <input type="checkbox"/> Blood <input type="checkbox"/> Extreme heat/cold <input type="checkbox"/> Irritating chemicals <input type="checkbox"/> Scrape, bruise, or cut by tools or materials <input type="checkbox"/> Other _____
		Can hazard be eliminated without the use of PPE? <input type="checkbox"/> Yes <input type="checkbox"/> No  If no, use: Gloves: <input type="checkbox"/> Chemical resistance <input type="checkbox"/> Protective sleeves <input type="checkbox"/> Liquid/leak resistance <input type="checkbox"/> Other _____ <input type="checkbox"/> Temperature resistance <input type="checkbox"/> Abrasion/cut resistance <input type="checkbox"/> Slip resistance

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### FEET - LEGS

Work Activities	Work-Related Exposures	Personal Protective Equipment
<input type="checkbox"/> Building maintenance <input type="checkbox"/> Construction <input type="checkbox"/> Road work <input type="checkbox"/> Demolition <input type="checkbox"/> Janitorial <input type="checkbox"/> Landscape maintenance <input type="checkbox"/> Plumbing <input type="checkbox"/> Trenching <input type="checkbox"/> Use of flammable materials <input type="checkbox"/> Welding <input type="checkbox"/> Other _____	<input type="checkbox"/> Explosive atmospheres <input type="checkbox"/> Exposed electrical wiring or components <input type="checkbox"/> Heavy equipment <input type="checkbox"/> Slippery surfaces <input type="checkbox"/> Tools <input type="checkbox"/> Other _____	Can hazard be eliminated without the use of PPE? <input type="checkbox"/> Yes <input type="checkbox"/> No  If no, use: Safety shoes or boots <input type="checkbox"/> Anti-slip soles <input type="checkbox"/> Chemical resistant <input type="checkbox"/> Electrical protection <input type="checkbox"/> Heat/cold protection <input type="checkbox"/> Metatarsal protection <input type="checkbox"/> Puncture resistance <input type="checkbox"/> Toe Protection <input type="checkbox"/> Leggings <input type="checkbox"/> Chaps <input type="checkbox"/> Foot-leg guards <input type="checkbox"/> Other _____

### BODY - SKIN

Work Activities	Work-Related Exposures	Personal Protective Equipment
<input type="checkbox"/> Food preparation <input type="checkbox"/> Battery charging <input type="checkbox"/> Solvent cleaning <input type="checkbox"/> Sawing <input type="checkbox"/> Other _____	<input type="checkbox"/> Chemical splashes <input type="checkbox"/> Extreme heat/cold <input type="checkbox"/> Sharp or rough edges <input type="checkbox"/> Other _____	Can hazard be eliminated without the use of PPE? <input type="checkbox"/> Yes <input type="checkbox"/> No  If no, use: <input type="checkbox"/> Apron <input type="checkbox"/> Body suit <input type="checkbox"/> Coveralls <input type="checkbox"/> Vest, jacket <input type="checkbox"/> Rain gear <input type="checkbox"/> Welding leathers <input type="checkbox"/> Other _____

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### RESPIRATORY PROTECTION

Work Activities	Work-Related Exposures	Personal Protective Equipment
<input type="checkbox"/> Sanding/grinding <input type="checkbox"/> Painting <input type="checkbox"/> Soldering/welding <input type="checkbox"/> Chemical handling <input type="checkbox"/> Caustic handling <input type="checkbox"/> Sweeping/dusting <input type="checkbox"/> Pesticides/fertilizers	<input type="checkbox"/> Leaf blowing <input type="checkbox"/> Solvent cleaning <input type="checkbox"/> Sawing/milling <input type="checkbox"/> Other _____  <input type="checkbox"/> Nuisance dust (non-hazardous) <input type="checkbox"/> Hazardous dust/particulates <input type="checkbox"/> Vapors <input type="checkbox"/> Metal fumes <input type="checkbox"/> Other _____	Can hazard be eliminated without the use of PPE? <input type="checkbox"/> Yes <input type="checkbox"/> No  If no, is voluntary use of N95 or R95 filtering facepiece possible : <input type="checkbox"/> Yes <input type="checkbox"/> No  If no, contact <a href="mailto:ehsih@ucsd.edu">ehsih@ucsd.edu</a> for respirator options including air purifying and supplied air respirators.

### HEARING PROTECTION

Work Activities	Work-Related Exposures	Personal Protective Equipment
<input type="checkbox"/> Power tools <input type="checkbox"/> Pneumatic tools <input type="checkbox"/> Animal Husbandry <input type="checkbox"/> CUP Access	<input type="checkbox"/> Equipment chase access <input type="checkbox"/> Landscape equipment <input type="checkbox"/> Other _____  <input type="checkbox"/> Continuous noise <input type="checkbox"/> Intermittent loud noises <input type="checkbox"/> Other _____	Can hazard be eliminated without the use of PPE? <input type="checkbox"/> Yes <input type="checkbox"/> No  If no, use: <input type="checkbox"/> Earplugs <input type="checkbox"/> Earmuffs <input type="checkbox"/> Ear canals <input type="checkbox"/> Custom earplugs <input type="checkbox"/> Headband  Contact <a href="mailto:ehsih@ucsd.edu">ehsih@ucsd.edu</a> for noise related concerns or assessments.

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