

**Workplace Hazard – Personal Protective Equipment (PPE) Assessment Form**

*Instructions: Use this form to help identify the Personal Protective Equipment required within each work location. Multiple forms may be used, as needed, to include all work areas or job functions within each area of concern. Use attached instructional sheet to complete the form. If no apparent hazards exist, check "None."*

<b>School/Department:</b>	<b>Job Function/Activities:</b>
<b>Office/Shop:</b>	
<b>Work Location(s):</b>	

Hazards Present (check all that apply)	Describe Hazards (e.g., work with glass, arcs from welding, work on steam lines, etc.)	Personal Protective Equipment to Consider (complete appropriate boxes with the specific PPE required e.g., Hard Hats, goggles, safety glasses, faces shields, earplugs, steel-toed shoes, dust masks, etc.)				
		Eye	Hand	Head	Clothing	Foot
<input type="checkbox"/> Impact		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Cuts/Penetration		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Pinch/Crush/Roll Over		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Thermal (Hot/Cold)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Light (optical) Radiation		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Chemical		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Biological		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Electrical		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> None		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Check here if **sound pressure level (+85db / 8hrs) exposure monitoring** should be considered for this job function or activity

Check here if **dust (harmful or nuisance) level exposure monitoring** should be considered for this job function or activity

Assessment completed by: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Return completed forms to The Office of Risk Management, Attn: Risk Management Specialist– Interoffice Mail or Fax 410-337-0160*