

PPE Hazard Assessment Certification

This form is used to document that your work area has been assessed to determine the use of personal protective equipment (PPE) as required by OSHA Standard 1910.132(d)(1). This form is retained by the department and must be available during site audits.

Assessment Performed By: _____ Job Title: _____

Department: _____ Location(s) (Building & Room): _____

I certify that I performed this hazard assessment on the date indicated. Signed: _____ Date: _____

Source of Hazard	Assessment of Hazard	Type of PPE Required	Comments
Use or handling of: <input type="checkbox"/> Chemicals <input type="checkbox"/> Biological agents <input type="checkbox"/> Radioactive materials	<input type="checkbox"/> impact of flying particles <input type="checkbox"/> chemical splash to eyes <input type="checkbox"/> contact with skin <input type="checkbox"/> nose/mouth contact with blood or OPIM <input type="checkbox"/> sharps injury <input type="checkbox"/> hot or cold injury <input type="checkbox"/> inhalation hazard	<input type="checkbox"/> safety glasses with side shields <input type="checkbox"/> safety chemical splash goggles <input type="checkbox"/> face shield <input type="checkbox"/> face mask for blood/OPIM <input type="checkbox"/> lab coat <input type="checkbox"/> apron or gown <input type="checkbox"/> gloves, chemical resistant <input type="checkbox"/> gloves, insulated <input type="checkbox"/> gloves, latex <input type="checkbox"/> other, explain in comments	
<input type="checkbox"/> operations generating airborne fiber, dust, fume, mist, or vapor	<input type="checkbox"/> inhalation exposure above exposure standard <input type="checkbox"/> inhalation exposure below exposure standard	<input type="checkbox"/> respirator, filtering facepiece (N95) <input type="checkbox"/> respirator, elastomeric w/cartridge <input type="checkbox"/> respirator, air supplied <input type="checkbox"/> respirator, other _____	
<input type="checkbox"/> high noise levels from equipment or operation	<input type="checkbox"/> noise exposure above 85 dB <input type="checkbox"/> noise exposure below 85 dB	<input type="checkbox"/> earplugs <input type="checkbox"/> earmuffs <input type="checkbox"/> other, explain	
<input type="checkbox"/> x-ray producing equipment <input type="checkbox"/> non-ionizing radiation (laser, infrared, welding, ultraviolet)	Radiation burns to: <input type="checkbox"/> eyes <input type="checkbox"/> whole body, skin <input type="checkbox"/> extremity (finger, hand, foot)	<input type="checkbox"/> filtered safety glasses w/shields <input type="checkbox"/> filtered safety goggles <input type="checkbox"/> welding helmet <input type="checkbox"/> protective clothing <input type="checkbox"/> barrier/shield (lead apron) <input type="checkbox"/> other, explain in comments	

Source of Hazard	Assessment of Hazard	Type of PPE Required	Comments
___ physical hazards from equipment, process, material, or environment	___ foot injury from falling or rolling object ___ head injury from falling object ___ electrical contact injury ___ extreme heat or cold injury ___ sharps injury	___ safety glasses w/side shields ___ safety goggles ___ face shield ___ hard hat ___ safety shoes ___ gloves, cut resistant ___ gloves, insulated ___ clothing, thermal ___ coveralls ___ other, explain in comments	
___ Other, not listed above			

___ No hazards requiring personal protective equipment are present or likely to be present in the work space.

Select the type of job tasks performed:

___ laboratory work ___ shop work; ___ studio work; ___ construction work; ___ building maintenance; ___ custodial work;
___ field work; ___ vehicle maintenance; ___ grounds maintenance; ___ painting work; ___ carpentry work; ___ public safety;
___ other (explain):

This form is applicable to: ___ All tasks & all workers; ___ Specific worker(s), list: _____
Other: _____

Submit this form to Safety and Risk Management (safety@wcu.edu) or by intercampus mail (Facilities Management – Safety Office)

Received by (Safety Officer): _____ Date: _____