

Hazard Assessment For PPE

Use with WAC 296-800-160 Personal Protective Equipment (PPE)

This tool can help you do a hazard assessment to see if your employees need to use personal protective equipment (PPE) by identifying activities that may create hazards for your employees. The activities are grouped according to what part of the body might need PPE. You can make copies, modify and customize it to fit the specific needs of your particular work place, or develop your own form that is appropriate to your work environment.

This tool can also serve as written certification that you have done a hazard assessment as required by WAC 296-800-16010 Document your hazard assessment for PPE. Make sure that the blank fields at the beginning of the checklist (indicated by *) are filled out (see below, Instructions #4).

Instructions:

1. Do a walk through survey of each work area and job/task. Read through the list of work activities in the first column, putting a check next to the activities performed in that work area or job.
2. Read through the list of hazards in the second column, putting a check next to the hazards to which employees may be exposed while performing the work activities or while present in the work area. (for e.g., work activity: chopping wood; work-related exposure: flying particles).
3. Decide how you are going to control the hazards. Try considering engineering, work place, and/or administrative controls to eliminate or reduce the hazards before resorting to using PPE. If the hazard cannot be eliminated without using PPE, indicate which type(s) of PPE will be required to protect your employee from the hazard.
4. Make sure that you complete the following fields on the form (indicated by *) to certify that a hazard assessment was done:
 - *Name of your work place
 - *Address of the work place where you are doing the hazard assessment
 - *Name of person certifying that a workplace hazard assessment was done
 - *Date the hazard assessment was done

PPE Hazard Assessment Certification Form

*Name of work place: _____

*Assessment conducted by: _____

*Work place address: _____

*Date of assessment: _____

Work area(s): _____

Job/Task(s): _____

*Required for certifying the hazard assessment.

Use a separate sheet for each job/task or work area

EYES		
<u>Work activities, such as:</u> <input type="checkbox"/> abrasive blasting <input type="checkbox"/> chopping <input type="checkbox"/> cutting <input type="checkbox"/> drilling <input type="checkbox"/> welding <input type="checkbox"/> punch press operations <input type="checkbox"/> other: _____	<input type="checkbox"/> sanding <input type="checkbox"/> sawing <input type="checkbox"/> grinding <input type="checkbox"/> hammering	<u>Work-related exposure to:</u> <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: _____
		<u>Can hazard be eliminated without the use of PPE?</u> Yes <input type="checkbox"/> No <input type="checkbox"/> <u>If no, use:</u> <input type="checkbox"/> Safety glasses <input type="checkbox"/> Safety goggles <input type="checkbox"/> Shading/Filter (#_____) <input type="checkbox"/> Welding shield <input type="checkbox"/> Other: _____
		<input type="checkbox"/> Side shields <input type="checkbox"/> Dust-tight goggles
FACE		
<u>Work activities, such as:</u> <input type="checkbox"/> cleaning <input type="checkbox"/> cooking <input type="checkbox"/> siphoning <input type="checkbox"/> painting <input type="checkbox"/> dip tank operations <input type="checkbox"/> other _____	<input type="checkbox"/> foundry work <input type="checkbox"/> welding <input type="checkbox"/> mixing <input type="checkbox"/> pouring molten metal	<u>Work-related exposure to:</u> <input type="checkbox"/> hazardous liquid chemicals <input type="checkbox"/> extreme heat/cold <input type="checkbox"/> potential irritants: _____ <input type="checkbox"/> other: _____
		<u>Can hazard be eliminated without the use of PPE?</u> Yes <input type="checkbox"/> No <input type="checkbox"/> <u>If no, use:</u> <input type="checkbox"/> Face shield <input type="checkbox"/> Shading/Filter (#_____) <input type="checkbox"/> Welding shield <input type="checkbox"/> Other: _____
HEAD		
<u>Work activities, such as:</u> <input type="checkbox"/> building maintenance <input type="checkbox"/> confined space operations <input type="checkbox"/> construction <input type="checkbox"/> electrical wiring <input type="checkbox"/> walking/working under catwalks <input type="checkbox"/> walking/working under conveyor belts <input type="checkbox"/> walking/working under crane loads <input type="checkbox"/> utility work	<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: _____	<u>Work-related exposure to:</u> <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: _____
		<u>Can hazard be eliminated without the use of PPE?</u> Yes <input type="checkbox"/> No <input type="checkbox"/> <u>If no, use:</u> <input type="checkbox"/> Protective Helmet <input type="checkbox"/> Type A (low voltage) <input type="checkbox"/> Type B (high voltage) <input type="checkbox"/> Type C <input type="checkbox"/> Bump cap (not ANSI-approved) <input type="checkbox"/> Hair net or soft cap

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<input type="checkbox"/> other: _____		<input type="checkbox"/> Other: _____
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HANDS/ARMS

<u>Work activities, such as:</u> <input type="checkbox"/> baking <input type="checkbox"/> cooking <input type="checkbox"/> grinding <input type="checkbox"/> welding <input type="checkbox"/> working with glass <input type="checkbox"/> using computers <input type="checkbox"/> using knives <input type="checkbox"/> dental and health care services <input type="checkbox"/> other: _____	<u>Work-related exposure to:</u> <input type="checkbox"/> blood <input type="checkbox"/> irritating chemicals <input type="checkbox"/> tools or materials that could scrape, bruise, or cut <input type="checkbox"/> extreme heat/cold <input type="checkbox"/> other: _____	<u>Can hazard be eliminated without the use of PPE?</u> Yes <input type="checkbox"/> No <input type="checkbox"/> <u>If no, use:</u> <input type="checkbox"/> Gloves <input type="checkbox"/> Chemical resistance <input type="checkbox"/> Liquid/leak resistance <input type="checkbox"/> Temperature resistance <input type="checkbox"/> Abrasion/cut resistance <input type="checkbox"/> Slip resistance <input type="checkbox"/> Protective sleeves <input type="checkbox"/> Other: _____
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FEET/LEGS

<u>Work activities, such as:</u> <input type="checkbox"/> building maintenance <input type="checkbox"/> construction <input type="checkbox"/> demolition <input type="checkbox"/> food processing <input type="checkbox"/> foundry work <input type="checkbox"/> logging <input type="checkbox"/> plumbing <input type="checkbox"/> trenching <input type="checkbox"/> use of highly flammable materials <input type="checkbox"/> welding <input type="checkbox"/> other: _____	<u>Work-related exposure to:</u> <input type="checkbox"/> explosive atmospheres <input type="checkbox"/> explosives <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: _____	<u>Can hazard be eliminated without the use of PPE?</u> Yes <input type="checkbox"/> No <input type="checkbox"/> <u>If no, use:</u> <input type="checkbox"/> Safety shoes or boots <input type="checkbox"/> Toe protection <input type="checkbox"/> Electrical protection <input type="checkbox"/> Puncture resistance <input type="checkbox"/> Anti-slip soles <input type="checkbox"/> Leggings or chaps <input type="checkbox"/> Foot-Leg guards <input type="checkbox"/> Other: _____ <table style="margin-left: 20px; border: none;"> <tr> <td><input type="checkbox"/> Metatarsal protection</td> </tr> <tr> <td><input type="checkbox"/> Heat/cold protection</td> </tr> <tr> <td><input type="checkbox"/> Chemical resistance</td> </tr> </table>	<input type="checkbox"/> Metatarsal protection	<input type="checkbox"/> Heat/cold protection	<input type="checkbox"/> Chemical resistance
<input type="checkbox"/> Metatarsal protection					
<input type="checkbox"/> Heat/cold protection					
<input type="checkbox"/> Chemical resistance					

BODY/SKIN

<u>Work activities such as:</u> <input type="checkbox"/> baking or frying <input type="checkbox"/> battery charging <input type="checkbox"/> dip tank operations <input type="checkbox"/> fiberglass installation <input type="checkbox"/> irritating chemicals <input type="checkbox"/> sawing <input type="checkbox"/> other: _____	<u>Work-related exposure to:</u> <input type="checkbox"/> chemical splashes <input type="checkbox"/> extreme heat/cold <input type="checkbox"/> sharp or rough edges <input type="checkbox"/> other: _____	<u>Can hazard be eliminated without the use of PPE?</u> Yes <input type="checkbox"/> No <input type="checkbox"/> <u>If no, use:</u> <input type="checkbox"/> Vest, Jacket <input type="checkbox"/> Coveralls, Body suit <input type="checkbox"/> Raingear <input type="checkbox"/> Apron <input type="checkbox"/> Welding leathers <input type="checkbox"/> Abrasion/cut resistance
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Other: _____

BODY/WHOLE ¹

Work activities such as:

- building maintenance
- construction
- logging
- utility work
- other: _____

Work-related exposure to:

- working from heights of 10 feet or more
- working near water
- other: _____

Can hazard be eliminated without the use of PPE?

Yes No

If no, use:

- Fall Arrest/Restraint: Type: _____
- PFD: Type: _____
- Other: _____

*(See Footnote 1)

LUNGS/RESPIRATORY ¹

Work activities such as:

- cleaning
- mixing
- painting
- fiberglass installation
- compressed air or gas operations
- other: _____
- pouring
- sawing

Work-related exposure to:

- irritating dust or particulate
- irritating or toxic gas/vapor
- other: _____

Can hazard be eliminated without the use of PPE?

Yes No

*(See Footnote 1)

EARS/HEARING ¹

Work activities such as:

- generator
- ventilation fans
- motors
- sanding
- pneumatic equipment
- punch or brake presses
- use of conveyors
- other: _____
- grinding
- machining
- routers
- sawing

Work-related exposure to:

- loud noises
- loud work environment
- noisy machines/tools
- punch or brake presses
- other: _____

Can hazard be eliminated without the use of PPE?

Yes No

*(See Footnote 1)

(1) NOTE: There are other hazards requiring PPE (such as respiratory, noise, fall, etc. hazards), that are not included in this volume of the PPE Guide but will be covered in future volumes (see WAC 296-62 for respiratory and hearing protection and WAC 296-155 for fall protection for further

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assessment). However, you should consider all hazards when you conduct your hazard assessment. See a list of other WISHA rules (in “How to use this guide” p. 4) for information regarding PPE for specific work places.