

**Temple University**  
**PPE Hazard Assessment Certification Form**

Instructions

The form below is a tool which will assist you in conducting 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/or customize the form to fit the specific needs of your particular work place.

1. Conduct a walk through/survey of each work area and job/task. Read 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 mark next to the hazards which employees may be exposed to while performing the work activities or while present in the work area. ( example: Work activity: Cleaning up body fluids, work related exposure: Blood/body fluid splash and chemicals)
3. Determine how you are going to control the hazards. Try considering engineering controls (ventilation, hoods, etc...) or work place/administrative controls (replacing a particular item or practice) to eliminate and/or reduce the hazards before resorting to using PPE. If the hazard cannot be eliminated without using PPE, indicate what type (s) of PPE will be required to protect your employee from the hazard.
  - a. Refer to the PPE policy to assist you in determining the proper type of PPE needed. Additional sources of information for PPE are manufactures recommendation, material safety data sheet, etc...
  - b. Additional requirements may be needed for Respiratory and Hearing. Please consult those policies to determine if additional requirements are necessary
4. Make sure that you complete the following fields on the form to certify that a hazard assessment was conducted:
  - a. Date of Assessment
  - b. Building
  - c. Work Area
  - d. Job/Task
  - e. Signature of Assessor

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PPE Hazard Assessment Certification Form

Date Of Assessment:	Building(s):
Assessment Conducted by:	Work Area(s):
Job/Task(s):	
I certify that the assessment was performed to the best of my knowledge and ability based on the hazards present. Signature of Assessor: _____	

EYES		
<p><u>Work activities, such as:</u></p> <input type="checkbox"/> Chopping <input type="checkbox"/> Cutting <input type="checkbox"/> Drilling <input type="checkbox"/> Welding <input type="checkbox"/> Healthcare/Dental <input type="checkbox"/> Sanding <input type="checkbox"/> Sawing <input type="checkbox"/> Grinding <input type="checkbox"/> Hammering <input type="checkbox"/> Lasers <input type="checkbox"/> Laboratory/Hazardous Materials <input type="checkbox"/> Pouring <input type="checkbox"/> Other: _____ <input type="checkbox"/> N/A	<p><u>Work-related exposure to:</u></p> <input type="checkbox"/> Airborne dust <input type="checkbox"/> Flying particles/projectiles <input type="checkbox"/> Biological/Blood/Body fluid splashes <input type="checkbox"/> Intense Light <input type="checkbox"/> Laser/optical radiation <input type="checkbox"/> Chemicals and/or splashes <input type="checkbox"/> Other: _____	<p><u>Can hazard be eliminated without the use of PPE?</u></p> <input type="checkbox"/> Yes <input type="checkbox"/> No  <p>If no, use:</p> <input type="checkbox"/> Safety Glasses <input type="checkbox"/> Side Shields <input type="checkbox"/> Safety Goggles <input type="checkbox"/> Laser Eyewear <input type="checkbox"/> Welding Shield <input type="checkbox"/> Shading glasses <input type="checkbox"/> Other: _____
FACE		
<p><u>Work activities, such as:</u></p> <input type="checkbox"/> Siphoning <input type="checkbox"/> Painting <input type="checkbox"/> Welding <input type="checkbox"/> Mixing <input type="checkbox"/> Healthcare/Dental <input type="checkbox"/> Pouring <input type="checkbox"/> Laboratory/Hazardous Materials <input type="checkbox"/> Other: _____ <input type="checkbox"/> N/A	<p><u>Work-related exposure to:</u></p> <input type="checkbox"/> Flying particles/projectiles <input type="checkbox"/> Biological/Blood/Body Fluid splashes <input type="checkbox"/> Extreme heat/cold <input type="checkbox"/> Potential Irritants _____ <input type="checkbox"/> Chemicals and splashes <input type="checkbox"/> Other: _____	<p><u>Can hazard be eliminated without the use of PPE?</u></p> <input type="checkbox"/> Yes <input type="checkbox"/> No  <p>If no, use:</p> <input type="checkbox"/> Face Shield <input type="checkbox"/> Welding Shield <input type="checkbox"/> Other: _____

<b>HEAD</b>		
<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 cranes/lifts <input type="checkbox"/> Utility work <input type="checkbox"/> Maintenance activities <input type="checkbox"/> Welding <input type="checkbox"/> Other: _____ <input type="checkbox"/> N/A	<u>Work-related exposure to:</u> <input type="checkbox"/> Beams/Pipes <input type="checkbox"/> Sharp Objects/Corners at head level <input type="checkbox"/> Exposed electrical wiring/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> <input type="checkbox"/> Yes <input type="checkbox"/> No  If no, use: <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"/> Welding Helmet <input type="checkbox"/> Other: _____
<b>HAND/ARMS</b>		
<u>Work activities, such as:</u> <input type="checkbox"/> Building maintenance <input type="checkbox"/> Baking/Cooking <input type="checkbox"/> Construction <input type="checkbox"/> Demolition <input type="checkbox"/> Working with Glass <input type="checkbox"/> Plumbing <input type="checkbox"/> Utility work <input type="checkbox"/> Welding <input type="checkbox"/> Laboratory/Hazardous Materials <input type="checkbox"/> Health Care/Dental <input type="checkbox"/> Using Knives <input type="checkbox"/> Material Handling <input type="checkbox"/> Sanding/Sawing/Hammering <input type="checkbox"/> Other: _____ <input type="checkbox"/> N/A	<u>Work-related exposure to:</u> <input type="checkbox"/> Biological/Blood/Body fluid splashes <input type="checkbox"/> Chemicals and/or splashes <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> <input type="checkbox"/> Yes <input type="checkbox"/> No  If no, use: <input type="checkbox"/> Gloves <input type="checkbox"/> Chemical resistance <input type="checkbox"/> Temperature resistance <input type="checkbox"/> Abrasion/cut resistance <input type="checkbox"/> Slip resistance <input type="checkbox"/> Task Specific _____ <input type="checkbox"/> Protective Sleeves <input type="checkbox"/> Other: _____

<b>FEET/LEGS</b>		
<u>Work activities, such as:</u> <input type="checkbox"/> Building maintenance <input type="checkbox"/> Construction <input type="checkbox"/> Demolition <input type="checkbox"/> Plumbing <input type="checkbox"/> Utility work <input type="checkbox"/> Welding <input type="checkbox"/> Health Care/Dental <input type="checkbox"/> Laboratory/Hazardous Materials <input type="checkbox"/> Material Handling <input type="checkbox"/> Other: _____ <input type="checkbox"/> N/A	<u>Work-related exposure to:</u> <input type="checkbox"/> Exposed electrical wiring/components <input type="checkbox"/> Chemicals and/or splashes <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> <input type="checkbox"/> Yes <input type="checkbox"/> No  If no, use: <input type="checkbox"/> Gloves <input type="checkbox"/> Toe protection <input type="checkbox"/> Electrical protection <input type="checkbox"/> Puncture resistance <input type="checkbox"/> Slip resistance <input type="checkbox"/> Heat/Cold resistance <input type="checkbox"/> Chemical resistance <input type="checkbox"/> Task Specific _____ <input type="checkbox"/> Foot/leg Guards <input type="checkbox"/> Other: _____
<b>BODY/SKIN</b>		
<u>Work activities, such as:</u> <input type="checkbox"/> Building maintenance <input type="checkbox"/> Construction <input type="checkbox"/> Demolition <input type="checkbox"/> Baking/Frying <input type="checkbox"/> Health Care/Dental <input type="checkbox"/> Laboratory/Hazardous Materials <input type="checkbox"/> Other: _____ <input type="checkbox"/> N/A	<u>Work-related exposure to:</u> <input type="checkbox"/> Chemicals and/or splashes <input type="checkbox"/> Extreme Heat/Cold <input type="checkbox"/> Sharp/Rough Edges <input type="checkbox"/> Irritating debris (i.e. insulation) <input type="checkbox"/> Other: _____	<u>Can hazard be eliminated without the use of PPE?</u> <input type="checkbox"/> Yes <input type="checkbox"/> No  If no, use: <input type="checkbox"/> Coveralls, Body Suit <input type="checkbox"/> General <input type="checkbox"/> Chemical resistance <input type="checkbox"/> Task Specific _____ <input type="checkbox"/> Vest, Jacket <input type="checkbox"/> Apron <input type="checkbox"/> Other: _____

<b>RESPIRATORY</b>		
<u>Work activities, such as:</u> <input type="checkbox"/> Building maintenance <input type="checkbox"/> Construction <input type="checkbox"/> Demolition <input type="checkbox"/> Mixing/Pouring <input type="checkbox"/> Painting <input type="checkbox"/> Sawing <input type="checkbox"/> Health Care/Dental <input type="checkbox"/> Laboratory/Hazardous Materials <input type="checkbox"/> Laser <input type="checkbox"/> Other: _____ <input type="checkbox"/> N/A	<u>Work-related exposure to:</u> <input type="checkbox"/> Chemicals <input type="checkbox"/> Irritating dust or particulate <input type="checkbox"/> Bioaerosols <input type="checkbox"/> Laser Airborne Generated Contaminants ( LGAC) <input type="checkbox"/> Other: _____	<u>Can hazard be eliminated without the use of PPE?</u> <input type="checkbox"/> Yes <input type="checkbox"/> No  If no, use: <input type="checkbox"/> Air-Purifying Disposable Respirator <input type="checkbox"/> N-Series: _____ <input type="checkbox"/> R- Series _____ <input type="checkbox"/> P-Series _____ <input type="checkbox"/> Air-Purifying Chemical Cartridge <input type="checkbox"/> Full Face -Cartridge Type _____ <input type="checkbox"/> Half -Cartridge Type _____ <input type="checkbox"/> Powered Air-Purifying Respirator <input type="checkbox"/> Type _____ <input type="checkbox"/> Self-Contained Breathing Apparatus(SCBA) <input type="checkbox"/> Airline Respirator <input type="checkbox"/> Emergency Escape Breathing Apparatus (EEBA) <input type="checkbox"/> Other: _____
<b>EARS/HEARING</b>		
<u>Work activities, such as:</u> <input type="checkbox"/> Building maintenance <input type="checkbox"/> Construction <input type="checkbox"/> Demolition <input type="checkbox"/> Generator <input type="checkbox"/> Ventilation Fans/Motors <input type="checkbox"/> Sawing/Grinding/Routers/Sanding <input type="checkbox"/> Health Care/Dental <input type="checkbox"/> Pneumatic Equipment <input type="checkbox"/> Other: _____ <input type="checkbox"/> N/A	<u>Work-related exposure to:</u> <input type="checkbox"/> Loud Noises <input type="checkbox"/> Loud Work Environment <input type="checkbox"/> Noisy Machines/tools <input type="checkbox"/> Other: _____	<u>Can hazard be eliminated without the use of PPE?</u> <input type="checkbox"/> Yes <input type="checkbox"/> No  If no, use: <input type="checkbox"/> Earplugs <input type="checkbox"/> Hearing Bands <input type="checkbox"/> Ear muffs <input type="checkbox"/> Other: _____