

Personal Protective Equipment Hazard Assessment

Company Name:	Location:	Job Task(s):	
HAZARD	SELECTION OF PPE	HAZARD SEVERITY	MISHAP PROBABILITY
EYE/FACE <input type="checkbox"/> Flying Objects <input type="checkbox"/> Splash (Metals) <input type="checkbox"/> Dusts <input type="checkbox"/> Mists <input type="checkbox"/> Gas Welding <i>(Shade 4-8)</i> <input type="checkbox"/> Cutting/Torch <i>(Shade 3-6)</i> <input type="checkbox"/> Brazing <i>(Shade 3-4)</i> <input type="checkbox"/> Weld/Electric <i>(Shade 10-14)</i> Other:	<input type="checkbox"/> Spectacle <input type="checkbox"/> Spectacle with Side Shield <input type="checkbox"/> Face Shield <input type="checkbox"/> Goggles <input type="checkbox"/> Sealed Goggles <input type="checkbox"/> Welding Helmet <input type="checkbox"/> Welding Shield Other:	<input type="checkbox"/> CAT I: Catastrophic <i>Hazard may cause death</i> <input type="checkbox"/> CAT II: Critical <i>May cause severe injury, severe illness or disability</i> <input type="checkbox"/> CAT III: Marginal <i>May cause minor injury or minor illness</i> <input type="checkbox"/> CAT IV: Negligible <i>Probably would not cause injury or minor illness</i>	<input type="checkbox"/> A Likely to occur immediately or within a short period of time <input type="checkbox"/> B Probably will not occur in time <input type="checkbox"/> C May occur in time <input type="checkbox"/> D Unlikely to occur

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HAZARD	SELECTION OF PPE	HAZARD SEVERITY	MISHAP PROBABILITY
HEAD <input type="checkbox"/> Falling Objects <input type="checkbox"/> Electrical Shock	<input type="checkbox"/> Class A (<2,000 volts) <input type="checkbox"/> Class B (>2,000 volts) <input type="checkbox"/> Class C (Conductive)	<input type="checkbox"/> CAT I: Catastrophic <input type="checkbox"/> CAT II: Critical <input type="checkbox"/> CAT III: Marginal <input type="checkbox"/> CAT IV: Negligible	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D
FOOT <input type="checkbox"/> Falling Objects <input type="checkbox"/> Rolling Objects <input type="checkbox"/> Piercing Sole <input type="checkbox"/> Electrical Hazard <input type="checkbox"/> Metatarsal Protection	<input type="checkbox"/> Safety Tip Shoes <input type="checkbox"/> Safety Shoes with Metatarsal Protection Other:	<input type="checkbox"/> CAT I: Catastrophic <input type="checkbox"/> CAT II: Critical <input type="checkbox"/> CAT III: Marginal <input type="checkbox"/> CAT IV: Negligible	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D
HAND <input type="checkbox"/> Chemical Sorption <input type="checkbox"/> Chemical Burns <input type="checkbox"/> Abrasions <input type="checkbox"/> Punctures <input type="checkbox"/> Thermal Burns <input type="checkbox"/> Temperature Extremes	<input type="checkbox"/> Leather Gloves <input type="checkbox"/> Kevlar Gloves <input type="checkbox"/> Cryogenic Gloves <input type="checkbox"/> Chemical Gloves Material: _____ Other: <i>(Cloth gloves are also acceptable)</i>	<input type="checkbox"/> CAT I: Catastrophic <input type="checkbox"/> CAT II: Critical <input type="checkbox"/> CAT III: Marginal <input type="checkbox"/> CAT IV: Negligible	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D

Certified By: _____

Date: _____