**PPE HAZARD ASSESSMENT and/or TRAINING CERTIFICATION FORM**

This Personal Protective Equipment (PPE) Assessment/Training Form was developed by Risk Management Services as an option to aide laboratory supervisors or Principal Investigators in OSHA-required PPE assessments for each laboratory process. Results of PPE assessments must be included in the laboratory-specific training provided to every laboratory worker (see the RLSS website for a template).

**Work Area(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_\_\_\_\_\_\_\_\_\_\_\_\_ Process/Task(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **(Use a separate sheet for each task)**

**Assessment Conducted By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| --- | --- | --- |
| **Exposed Body Part** | **Hazard Type(s)**  | **Personal Protective Equipment (PPE) Required** |
| 🞏 Eye/Face | 🞏 Falling/Flying Objects🞏 Harmful Dusts 🞏 Extreme Heat/Cold (burns, frostbite) 🞏 Chemical (irritation, burns, exposures)🞏 Optical (light) Radiation🞏 Biological (exposures to mucus membranes) | **Can hazard(s) be adequately controlled with engineering and administrative controls? 🞏 Yes 🞏 No If no, specify PPE:**  |
| 1o Protection 🞏 Safety Glasses 🞏 Goggles🞏 Filter Lenses - shade: \_\_\_\_\_\_\_ (2-14) Contact ORCBS about laser goggles. | 2o Protection(w/ 1o Protection)🞏 Face Shield 🞏 Welding Helmet |
| 🞏 Hand/Arm | 🞏 Chemical (irritation, burns, exposures)🞏 Scrapes/Cuts/Punctures🞏 Extreme Heat/Cold (burns, frostbite)🞏 Electrical Shock/Burn🞏 Biological (exposures to damaged skin)🞏 Radiological | **Can hazard(s) be adequately controlled with engineering and administrative controls? 🞏 Yes 🞏 No If no, specify PPE:**  |
| 🞏 Chemical/Liquid Resistant Gloves 🞏 Temperature Resistant Gloves 🞏 Abrasion/Cut/Puncture Resistant Gloves 🞏 Slip Resistant Gloves 🞏 Non-Conductive Gloves | Specify: |
| 🞏 Respiratory Tract | 🞏 Chemical🞏 Harmful Dusts🞏 Biological🞏 Radiological | **Can hazard(s) be adequately controlled with engineering and administrative controls? 🞏 Yes 🞏 No If no, Contact RM&S @** **621-1570 regarding Respiratory Protection Program.**  |
| 🞏 Hearing | 🞏 Excessive Noise (consider if you must raise voice to communicate @ 2 feet)🞏 Chemical (affecting auditory nerve) | **Can hazard(s) be adequately controlled with engineering and administrative controls? 🞏 Yes 🞏 No If no, Contact RM&S @** **621-1570 regarding Hearing Conservation Program.**  |
| 🞏 Head | 🞏 Falling Objects🞏 Electrical Shock/Burn🞏 Bumping Against Fixed Objects | **Can hazard(s) be adequately controlled with engineering and administrative controls? 🞏 Yes 🞏 No If no, specify PPE:**  |
| 🞏 Hard Hat - type \_\_\_\_\_ (A – low voltage, B – high voltage, or C)🞏 Bump Hat (not for falling/flying objects – not ANSI approved) |
| 🞏 Foot/Leg | 🞏 Falling/Rolling Objects 🞏 Punctures🞏 Chemical🞏 Extreme Heat/Cold (burns, frostbite)🞏 Electrical Shock/Burn (contact w/electrical hazards) | **Can hazard(s) be adequately controlled with engineering and administrative controls? 🞏 Yes 🞏 No If no, specify PPE:**  |
| 🞏 Safety Shoes 🞏 Leggings🞏 Shoe Covers🞏 Other | 🞏 Toe/Metatarsal Guards 🞏 Combo. Foot/Shin Guards🞏 Conductive Shoes🞏 Non-Conductive Safety Shoes | Specify:  |
| 🞏 Body | 🞏 Chemical🞏 Harmful Dusts🞏 Extreme Heat/Cold (burns, frostbite, heat/cold stress)🞏 Electrical Shock/Burn🞏 Radiological🞏 Biological (exposures to damaged skin)🞏 Falls (consider when working 4 feet above lower surface) | **Can hazard(s) be adequately controlled with engineering and administrative controls? 🞏 Yes 🞏 No If no, specify PPE:**  |
|  |
| 🞏 Apron🞏 Coverall🞏 Vest🞏 Jacket🞏 Other | 🞏 Lab Coat 🞏 Gown🞏 Full-Body Suit🞏 Personal Fall Arrest System | Specify: |

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| **Personal Protective Equipment (PPE) Training** |
| (check) |  |
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| 🞏 | When the PPE specified on the opposite page is necessary. |
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| 🞏 | What PPE is necessary for the task specified on the opposite page. |
|  |  |
| 🞏 | How to properly don, doff, adjust, and wear the PPE specified on the opposite page. |
|  |  |
| 🞏 | The limitations of the PPE |
|  |  |
| 🞏 | The proper care, maintenance, useful life and disposal of the PPE. |
|  |
| **I have provided the following employees training on the above information and they demonstrate an understanding of the training.** |
| Supervisor’s Name: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Supervisor’s Signature: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  Date: | \_\_\_\_\_\_\_\_ |
| Employee’s Name: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Employee’s Signature: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  Date: | \_\_\_\_\_\_\_\_ |
| Employee’s Name: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Employee’s Signature: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  Date: | \_\_\_\_\_\_\_\_ |
| Employee’s Name: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Employee’s Signature: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  Date: | \_\_\_\_\_\_\_\_ |
| Employee’s Name: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Employee’s Signature: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  Date: | \_\_\_\_\_\_\_\_ |
| Employee’s Name: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Employee’s Signature: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  Date: | \_\_\_\_\_\_\_\_ |
| Employee’s Name: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Employee’s Signature: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  Date: | \_\_\_\_\_\_\_\_ |
| Employee’s Name: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Employee’s Signature: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  Date: | \_\_\_\_\_\_\_\_ |
| Employee’s Name: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Employee’s Signature: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  Date: | \_\_\_\_\_\_\_\_ |