**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) |  | | | | | |
|  | | | | | |
| 🞏 | When the PPE specified on the opposite page is necessary. | | | | | |
|  |  | | | | | |
| 🞏 | 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: | \_\_\_\_\_\_\_\_ |