

_____ **Department of** _____

(municipality & department / division)

Personal Protective Equipment Assessment

Task:

Date:

Location:

Observer:

Time: From:

To:

Reviewer:

Job Description:

Major Tasks:

Pict

1-	
2-	
3-	
5-	
6-	
7-	
8-	

List Hazardous Materials used or potentially contacted & associated hazard(s) (from I

1-
2-
3-
4-
5-
6-

Equipment, tools, machinery, etc. used & associated hazard(s) (from operator's man

1-
2-
3-
4-
5-
6-

If Respiratory Hazards are at or above OSHA PEL, also evaluate site in accordance wit

If Noise levels are suspected at or above 85 dB, record readings here:

Location:

time:

reading:

Location:

time:

reading:

Location:

time:

reading:

Hazards Observed or Identified as Reasonably Potential

Hazards to Head: (falling objects, contact w/electrical components, head striking object)

PPE required: _____

Specify hardhat required: _____

Hazards to Face / Eyes: (welding, cutting, grinding, chipping; splashing / shattering near face, heat)

PPE required: _____

Hazards to Torso, arm, leg: (sharp objects, chemicals, heavy/repetitive lifting, heat/cold, entangle)

PPE required: _____

Hazards to Hands: (contact with sharp, abrasive, hot/cold objects, lifting, chemicals, entanglement is)

PPE required: _____

notes: _____

Hazards to Feet: (rolling or falling materials, footing concerns, static concerns)

PPE required: _____

Hearing Protection: (evaluation of noise meter results) Instantaneous reading of: _____ dBA

PPE required: _____ Specify: _____

Respiratory Protection: (evaluation of air monitoring results, attach copy)

PPE required:

Specify: _____

Certification by management if required: _____

--

--

--

ture

Label or MSDS)

ual)

h 1910.134.

[Empty rectangular box]

[Empty rectangular box]

(cold)

[Empty rectangular box]

[Horizontal line]

ement, hi-vis)

[Empty rectangular box]

[Horizontal line]

ssues)

[Empty rectangular box]

[Horizontal line]

[Horizontal line]

[Horizontal line]

[Horizontal line]

[Empty rectangular box]

[Horizontal line]

[Horizontal line]

Date: ____/____