



Hazard Assessment For PPE

Use with WAC 296-800-160 Personal Protective Equipment (PPE)

This assessment is to serve as written certification that you have done a hazard assessment for Personal Protective Equipment (PPE) for your position as required by WAC 296-800-16010. Make sure that the blank fields at the beginning of the checklist (indicated by *) are filled out.

Instructions:

1. Do a walk-through survey of your work area.
2. Read through the list of “**Work Activities**” on the following page. In the first column, put a check next to the activities you may perform in your position.
3. Read through the list of hazards in the second column, put a check next to the “**Work-Related Exposure to**” hazard(s) to which you may be exposed to while performing your work activities or while present in your work area. (for e.g., work activity: chopping wood; work-related exposure: flying particles).
4. In the last column, decide “**Can hazard be eliminated without the use of PPE**” or how you are going to control the hazard(s). Try considering engineering, workplace, and/or administrative controls to eliminate or reduce the hazards before resorting to using PPE. If the hazard cannot be eliminated without using PPE, indicate which type(s) of PPE will be required to protect you employee from the hazard.
5. Make sure that you complete the required fields on the form (indicated by *) to certify that a hazard assessment was done:

Thank you for taking the time to carefully complete this important task as part of the City of Oak Harbor Accident Prevention Program (APP) for Safety and Reporting of Workplace Injury (EPM 2.12).

**For any questions or assistance,
please contact your direct supervisor or Human Resources.**



PPE Hazard Assessment Certification Form

*Name of work location: _____ *Assessment conducted by: _____

*Workplace address: _____ *Date of assessment: _____

Work area(s): _____ Job/Task(s): _____

EYES

<p><u>Work activities, such as:</u></p> <input type="checkbox"/> abrasive blasting <input type="checkbox"/> sanding <input type="checkbox"/> chopping <input type="checkbox"/> sawing <input type="checkbox"/> cutting <input type="checkbox"/> grinding <input type="checkbox"/> drilling <input type="checkbox"/> hammering <input type="checkbox"/> welding <input type="checkbox"/> punch press operations <input type="checkbox"/> other: _____	<p><u>Work-related exposure to:</u></p> <input type="checkbox"/> airborne dust <input type="checkbox"/> flying particles <input type="checkbox"/> blood splashes <input type="checkbox"/> hazardous liquid chemicals <input type="checkbox"/> intense light <input type="checkbox"/> other: _____	<p><u>Can hazard be eliminated without the use of PPE?</u> Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><u>If no, use:</u></p> <input type="checkbox"/> Safety glasses <input type="checkbox"/> Side shields <input type="checkbox"/> Safety goggles <input type="checkbox"/> Dust-tight goggle <input type="checkbox"/> Shading/Filter (# _____) <input type="checkbox"/> Welding shield <input type="checkbox"/> Other: _____
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FACE

<p><u>Work activities, such as:</u></p> <input type="checkbox"/> cleaning <input type="checkbox"/> foundry work <input type="checkbox"/> cooking <input type="checkbox"/> welding <input type="checkbox"/> siphoning <input type="checkbox"/> mixing <input type="checkbox"/> painting <input type="checkbox"/> pouring molten metal <input type="checkbox"/> dip tank operations <input type="checkbox"/> other: _____	<p><u>Work-related exposure to:</u></p> <input type="checkbox"/> hazardous liquid chemicals <input type="checkbox"/> extreme heat/cold <input type="checkbox"/> potential irritants: _____ <input type="checkbox"/> other: _____	<p><u>Can hazard be eliminated without the use of PPE?</u> Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><u>If no, use:</u></p> <input type="checkbox"/> Face shield <input type="checkbox"/> Shading/Filter (# _____) <input type="checkbox"/> Welding shield <input type="checkbox"/> Other: _____
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HEAD

<p><u>Work activities, such as:</u></p> <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 conveyor belts <input type="checkbox"/> walking/working under crane loads <input type="checkbox"/> utility work <input type="checkbox"/> other: _____	<p><u>Work-related exposure to:</u></p> <input type="checkbox"/> beams <input type="checkbox"/> pipes <input type="checkbox"/> exposed electrical wiring or components <input type="checkbox"/> falling objects <input type="checkbox"/> machine parts <input type="checkbox"/> other: _____	<p><u>Can hazard be eliminated without the use of PPE?</u> Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><u>If no, use:</u></p> <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"/> Bump cap (not ANSI-approved) <input type="checkbox"/> Hair net or soft cap <input type="checkbox"/> Other: _____
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HANDS/ARMS

<p><u>Work activities, such as:</u></p> <input type="checkbox"/> baking <input type="checkbox"/> material handling <input type="checkbox"/> cooking <input type="checkbox"/> sanding <input type="checkbox"/> grinding <input type="checkbox"/> sawing <input type="checkbox"/> welding <input type="checkbox"/> hammering <input type="checkbox"/> working with glass <input type="checkbox"/> using computers <input type="checkbox"/> using knives <input type="checkbox"/> dental and health care services <input type="checkbox"/> other: _____	<p><u>Work-related exposure to:</u></p> <input type="checkbox"/> blood <input type="checkbox"/> irritating chemicals <input type="checkbox"/> tools or materials that could scrape, bruise, or cut <input type="checkbox"/> extreme heat/cold <input type="checkbox"/> other: _____	<p><u>Can hazard be eliminated without the use of PPE?</u> Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><u>If no, use:</u></p> <input type="checkbox"/> Gloves <input type="checkbox"/> Chemical resistance <input type="checkbox"/> Liquid/leak resistance <input type="checkbox"/> Temperature resistance <input type="checkbox"/> Abrasion/cut resistance <input type="checkbox"/> Slip resistance <input type="checkbox"/> Protective sleeves <input type="checkbox"/> Other: _____
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FEET/LEGS

<p><u>Work activities, such as:</u></p> <input type="checkbox"/> building maintenance <input type="checkbox"/> construction <input type="checkbox"/> demolition <input type="checkbox"/> food processing <input type="checkbox"/> foundry work <input type="checkbox"/> logging <input type="checkbox"/> plumbing <input type="checkbox"/> trenching <input type="checkbox"/> use of highly flammable materials <input type="checkbox"/> welding <input type="checkbox"/> other: _____	<p><u>Work-related exposure to:</u></p> <input type="checkbox"/> explosive atmospheres <input type="checkbox"/> explosives <input type="checkbox"/> exposed electrical wiring or components <input type="checkbox"/> heavy equipment <input type="checkbox"/> slippery surfaces <input type="checkbox"/> tools <input type="checkbox"/> other: _____	<p><u>Can hazard be eliminated without the use of PPE?</u> Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><u>If no, use:</u></p> <input type="checkbox"/> Safety shoes or boots <input type="checkbox"/> Toe protection <input type="checkbox"/> Metatarsal protection <input type="checkbox"/> Electrical protection <input type="checkbox"/> Heat/cold protection <input type="checkbox"/> Puncture resistance <input type="checkbox"/> Chemical resistance <input type="checkbox"/> Anti-slip soles <input type="checkbox"/> Leggings or chaps <input type="checkbox"/> Foot-Leg guards <input type="checkbox"/> Other: _____
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BODY/SKIN

<p><u>Work activities such as:</u></p> <input type="checkbox"/> baking or frying <input type="checkbox"/> battery charging <input type="checkbox"/> dip tank operations <input type="checkbox"/> fiberglass installation <input type="checkbox"/> irritating chemicals <input type="checkbox"/> sawing <input type="checkbox"/> other: _____	<p><u>Work-related exposure to:</u></p> <input type="checkbox"/> chemical splashes <input type="checkbox"/> extreme heat/cold <input type="checkbox"/> sharp or rough edges <input type="checkbox"/> other: _____	<p><u>Can hazard be eliminated without the use of PPE?</u> Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><u>If no, use:</u></p> <input type="checkbox"/> Vest, Jacket <input type="checkbox"/> Coveralls, Body suit <input type="checkbox"/> Raingear <input type="checkbox"/> Apron <input type="checkbox"/> Welding leathers <input type="checkbox"/> Abrasion/cut resistance <input type="checkbox"/> Other: _____
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BODY/WHOLE ¹

<p><u>Work activities such as:</u></p> <input type="checkbox"/> building maintenance <input type="checkbox"/> construction <input type="checkbox"/> logging <input type="checkbox"/> utility work <input type="checkbox"/> other: _____	<p><u>Work-related exposure to:</u></p> <input type="checkbox"/> working from heights of 10 feet or more <input type="checkbox"/> working near water <input type="checkbox"/> other: _____	<p><u>Can hazard be eliminated without the use of PPE?</u> Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><u>If no, use:</u> <input type="checkbox"/> Fall Arrest/Restraint: Type: _____ <input type="checkbox"/> PFD: Type: _____ <input type="checkbox"/> Other: _____</p>
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LUNGS/RESPIRATORY ¹

<p><u>Work activities such as:</u></p> <input type="checkbox"/> cleaning <input type="checkbox"/> mixing <input type="checkbox"/> painting <input type="checkbox"/> fiberglass installation <input type="checkbox"/> compressed air or gas operations <input type="checkbox"/> other: _____	<p><u>Work-related exposure to:</u></p> <input type="checkbox"/> pouring <input type="checkbox"/> sawing <input type="checkbox"/> irritating dust or particulate <input type="checkbox"/> irritating or toxic gas/vapor <input type="checkbox"/> other: _____	<p><u>Can hazard be eliminated without the use of PPE?</u> Yes <input type="checkbox"/> No <input type="checkbox"/></p>
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EARS/HEARING ¹

<p><u>Work activities such as:</u></p> <input type="checkbox"/> generator <input type="checkbox"/> ventilation fans <input type="checkbox"/> motors <input type="checkbox"/> sanding <input type="checkbox"/> pneumatic equipment <input type="checkbox"/> punch or brake presses <input type="checkbox"/> use of conveyors <input type="checkbox"/> other: _____	<p><u>Work-related exposure to:</u></p> <input type="checkbox"/> grinding <input type="checkbox"/> machining <input type="checkbox"/> routers <input type="checkbox"/> sawing <input type="checkbox"/> loud noises <input type="checkbox"/> loud work environment <input type="checkbox"/> noisy machines/tools <input type="checkbox"/> punch or brake presses <input type="checkbox"/> other: _____	<p><u>Can hazard be eliminated without the use of PPE?</u> Yes <input type="checkbox"/> No <input type="checkbox"/></p>
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