SUNBELT CONTROLS

Appendix 6-A
Personal Protective Equipment (PPE)
Hazard Assessment

Name of Person Completing Assessment: _____ **Date of Assessment:** _____

Company Address: _____

_____

JOB CLASSIFICATION/ WORKSTATION	HAZARD SOURCE/TYPE	BODY PART AFFECTED	PPE REQUIRED YES/NO	TYPE OF PPE REQUIRED

Appendix 6-A
Personal Protective Equipment (PPE)
Hazard Assessment

JOB CLASSIFICATION/ WORKSTATION	HAZARD SOURCE/TYPE	BODY PART AFFECTED	PPE REQUIRED YES/NO	TYPE OF PPE REQUIRED

Appendix 6-A
Personal Protective Equipment (PPE)
Hazard Assessment
Personal Protective Equipment Worksheet

EMPLOYER:			
Location:			
Workplace Assessed/Evaluated:			
Dates(s):			**Hazard(s) Assessed/Evaluated By:**
Eye Hazards	**Yes**	**No**	**Required Personal Protective Equipment – EYE**
Frontal & Side Impact	☐	☐	
Electrical Arc	☐	☐	
Molten Metal	☐	☐	
Chemical Splash	☐	☐	
Injurious Light/Heat Radiation	☐	☐	
Suspended Particles	☐	☐	
Extreme Hot/Cold Splash	☐	☐	
Other –	☐	☐	
Other –	☐	☐	
Face Hazards	**Yes**	**No**	**Required Personal Protective Equipment – FACE**
Projectile Impact	☐	☐	

Appendix 6-A
Personal Protective Equipment (PPE)
Hazard Assessment

Chemical Splash	☐	☐	
Hot/Cold Splash	☐	☐	
Electrical Arc	☐	☐	
Injurious Heat Radiation	☐	☐	
Other –	☐	☐	
Foot Hazards	**Yes**	**No**	**Required Personal Protection Equipment – FOOT**
Falling Objects	☐	☐	
Rolling Objects	☐	☐	
Electrical Contact	☐	☐	
Sole Puncture	☐	☐	
Other –	☐	☐	
Hand Hazards	**Yes**	**No**	**Required Personal Protective Equipment – HAND**
Skin Absorption	☐	☐	
Severe Abrasions	☐	☐	
Severe Lacerations	☐	☐	
Chemical Burns	☐	☐	
Thermal Burns	☐	☐	
Extreme Cold	☐	☐	
Puncture	☐	☐	
Other –	☐	☐	

Appendix 6-A
Personal Protective Equipment (PPE)
Hazard Assessment

Other –	☐	☐	
Head Hazards	**Yes**	**No**	**Required Personal Protective Equipment – HEAD**
Bump Contact	☐	☐	
Overhead Falling Objects	☐	☐	
Side Flying Projectiles	☐	☐	
Electrical Contact	☐	☐	
Hoods	☐	☐	
Hair Enclosures	☐	☐	
Special Electrical Hazards	**Yes**	**No**	**Required Personal Protective Equipment – ELECTRICAL (SPECIAL)**
Insulating Blanket	☐	☐	
Hood	☐	☐	
Line Hose	☐	☐	
Barrier	☐	☐	
Matting	☐	☐	
Cover	☐	☐	
Gloves	☐	☐	
Sleeves	☐	☐	
Fall Hazards	**Yes**	**No**	**Required Personal Protective Equipment - FALLS**
Safety Belts	☐	☐	
Lanyards	☐	☐	
Safety Harness	☐	☐	
Lifelines	☐	☐	

Appendix 6-A
Personal Protective Equipment (PPE)
Hazard Assessment

Other –	☐	☐	

Appendix 6-A
Personal Protective Equipment (PPE)
Hazard Assessment
PPE TRAINING CERTIFICATION

NAME	DATE	EMPLOYEE	TRAINER	TRAINED IN PPE						
				Eye & Face	Head	Foot & Leg	Hand & Arm	Body	Electrical	Fall
				☐	☐	☐	☐	☐	☐	☐
				☐	☐	☐	☐	☐	☐	☐
				☐	☐	☐	☐	☐	☐	☐
				☐	☐	☐	☐	☐	☐	☐
				☐	☐	☐	☐	☐	☐	☐
				☐	☐	☐	☐	☐	☐	☐
				☐	☐	☐	☐	☐	☐	☐
				☐	☐	☐	☐	☐	☐	☐
				☐	☐	☐	☐	☐	☐	☐
				☐	☐	☐	☐	☐	☐	☐
				☐	☐	☐	☐	☐	☐	☐
				☐	☐	☐	☐	☐	☐	☐
				☐	☐	☐	☐	☐	☐	☐
				☐	☐	☐	☐	☐	☐	☐
				☐	☐	☐	☐	☐	☐	☐
				☐	☐	☐	☐	☐	☐	☐
				☐	☐	☐	☐	☐	☐	☐

Appendix 6-A
CERTIFICATION OF SAFETY-RELATED
PERSONAL PROTECTIVE EQUIPMENT HAZARD ASSESSMENT

Employer: _____

_____

Location: _____

_____

_____
*Or type of work for employees not assigned to a fixed location

Workplace Assessed/ Evaluated _____

_____

Date(s): _____

_____

Name of Person Assessing/ _____

This document certifies that the Hazard Assessment has been performed as required by OSHA General Safety Standards for Personal Protective Equipment

Signature of Person Certifying _____