This tool can help you do a hazard assessment to see if your employees need to use personal protective equipment (PPE) by identifying activities that may create hazards for your employees. The activities are grouped according to what part of the body might need PPE. You can make copies, modify and customize it to fit the specific needs of your particular work place, or develop your own form that is appropriate to your work environment.

This tool can also serve as written certification that you have done a hazard assessment as required by WAC 296-800-16010 Document your hazard assessment for PPE. Make sure that the blank fields at the beginning of the checklist (indicated by *) are filled out (see below, Instructions #4).

**Instructions:**

1. Do a walk through survey of each work area and job/task. Read through the list of work activities in the first column, putting a check next to the activities performed in that work area or job.

2. Read through the list of hazards in the second column, putting a check next to the hazards to which employees may be exposed while performing the work activities or while present in the work area. (for e.g., work activity: chopping wood; work-related exposure: flying particles).

3. Decide how you are going to control the hazards. Try considering engineering, work place, 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 your employee from the hazard.

4. Make sure that you complete the following fields on the form (indicated by *) to certify that a hazard assessment was done:

   *Name of your work place
   *Address of the work place where you are doing the hazard assessment
   *Name of person certifying that a workplace hazard assessment was done
   *Date the hazard assessment was done
PPE Hazard Assessment Certification Form

*Name of work place: __________________________________

*Assessment conducted by: ____________________________

*Work place address: __________________________________

*Date of assessment: _________________________________

*Job/Task(s): ________________________________________

*Required for certifying the hazard assessment. Use a separate sheet for each job/task or work area

## EYES

<table>
<thead>
<tr>
<th>Work activities, such as:</th>
<th>Work-related exposure to:</th>
<th>Can hazard be eliminated without the use of PPE?</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ abrasive blasting</td>
<td>□ airborne dust</td>
<td>Yes [ ] No [ ]</td>
</tr>
<tr>
<td>□ sanding</td>
<td>□ flying particles</td>
<td>If no, use:</td>
</tr>
<tr>
<td>□ sawing</td>
<td>□ blood splashes</td>
<td>□ Safety glasses</td>
</tr>
<tr>
<td>□ grinding</td>
<td>□ hazardous liquid chemicals</td>
<td>□ Safety goggles</td>
</tr>
<tr>
<td>□ hammering</td>
<td>□ intense light</td>
<td>□ Shading/Filter (#____)</td>
</tr>
<tr>
<td>□ welding</td>
<td>□ other: ______</td>
<td>□ Welding shield</td>
</tr>
<tr>
<td>□ punch press operations</td>
<td></td>
<td>□ Other: ______</td>
</tr>
</tbody>
</table>

## FACE

<table>
<thead>
<tr>
<th>Work activities, such as:</th>
<th>Work-related exposure to:</th>
<th>Can hazard be eliminated without the use of PPE?</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ cleaning</td>
<td>□ hazardous liquid chemicals</td>
<td>Yes [ ] No [ ]</td>
</tr>
<tr>
<td>□ cooking</td>
<td>□ extreme heat/cold</td>
<td>If no, use:</td>
</tr>
<tr>
<td>□ siphoning</td>
<td>□ potential irritants: _____</td>
<td>□ Face shield</td>
</tr>
<tr>
<td>□ painting</td>
<td>□ other: ______</td>
<td>□ Shading/Filter (#____)</td>
</tr>
<tr>
<td>□ dip tank operations</td>
<td></td>
<td>□ Welding shield</td>
</tr>
<tr>
<td>□ other ______</td>
<td></td>
<td>□ Other: ______</td>
</tr>
</tbody>
</table>

## HEAD

<table>
<thead>
<tr>
<th>Work activities, such as:</th>
<th>Work-related exposure to:</th>
<th>Can hazard be eliminated without the use of PPE?</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ building maintenance</td>
<td>□ beams</td>
<td>Yes [ ] No [ ]</td>
</tr>
<tr>
<td>□ confined space operations</td>
<td>□ pipes</td>
<td>If no, use:</td>
</tr>
<tr>
<td>□ construction</td>
<td>□ exposed electrical wiring or components</td>
<td>□ Protective Helmet</td>
</tr>
<tr>
<td>□ electrical wiring</td>
<td>□ falling objects</td>
<td>□ Type A (low voltage)</td>
</tr>
<tr>
<td>□ walking/working under catwalks</td>
<td>□ machine parts</td>
<td>□ Type B (high voltage)</td>
</tr>
<tr>
<td>□ walking/working under conveyor belts</td>
<td>□ other: ______</td>
<td>□ Type C</td>
</tr>
<tr>
<td>□ walking/working under crane loads</td>
<td></td>
<td>□ Bump cap (not ANSI-approved)</td>
</tr>
<tr>
<td>□ utility work</td>
<td></td>
<td>□ Hair net or soft cap</td>
</tr>
<tr>
<td>□ other: ______</td>
<td></td>
<td>□ Other: ______</td>
</tr>
</tbody>
</table>
### HANDS/ARMS

**Work activities, such as:**
- baking
- cooking
- grinding
- welding
- working with glass
- using computers
- using knives
- dental and health care services
- other: ______

**Work-related exposure to:**
- material handling
- sanding
- sawing
- hammering
- blood
- irritating chemicals
- tools or materials that could scrape, bruise, or cut
- extreme heat/cold
- other: ______

**Can hazard be eliminated without the use of PPE?**
- Yes ☐ No ☐

**If no, use:**
- Gloves
- Chemical resistance
- Liquid/leak resistance
- Temperature resistance
- Abrasion/cut resistance
- Slip resistance
- Protective sleeves
- Other: ______

### FEET/LEGGS

**Work activities, such as:**
- building maintenance
- construction
- demolition
- food processing
- foundry work
- logging
- plumbing
- trenching
- use of highly flammable materials
- welding
- other: ______

**Work-related exposure to:**
- explosive atmospheres
- explosives
- exposed electrical wiring or components
- heavy equipment
- slippery surfaces
- tools
- other: ______

**Can hazard be eliminated without the use of PPE?**
- Yes ☐ No ☐

**If no, use:**
- Safety shoes or boots
- Toe protection
- Electrical protection
- Puncture resistance
- Anti-slip soles
- Leggings or chaps
- Foot-Leg guards
- Other: ______

### BODY/SKIN

**Work activities, such as:**
- baking or frying
- battery charging
- dip tank operations
- fiberglass installation
- irritating chemicals
- sawing
- other: ______

**Work-related exposure to:**
- chemical splashes
- extreme heat/cold
- sharp or rough edges
- other: ______

**Can hazard be eliminated without the use of PPE?**
- Yes ☐ No ☐

**If no, use:**
- Vest, Jacket
- Coveralls, Body suit
- Raingear
- Apron
- Welding leathers
- Abrasion/cut resistance
- Other: ______
### BODY/WHOLE

**Work activities such as:**
- building maintenance
- construction
- logging
- utility work
- other: ____

**Work-related exposure to:**
- working from heights of 10 feet or more
- working near water
- other: ____

**Can hazard be eliminated without the use of PPE?**
- Yes ☐ No ☐

*If no, use:*
- Fall Arrest/Restraint: Type: _____
- PFD: Type: _____
- Other: _____

*(See Footnote 1)*

### LUNGS/RESPIRATORY

**Work activities such as:**
- cleaning
- mixing
- painting
- fiberglass installation
- compressed air or gas operations
- other: ____

**Work-related exposure to:**
- irritating dust or particulate
- irritating or toxic gas/vapor
- other: ____

**Can hazard be eliminated without the use of PPE?**
- Yes ☐ No ☐

*(See Footnote 1)*

### EARS/HEARING

**Work activities such as:**
- generator
- ventilation fans
- motors
- sanding
- pneumatic equipment
- punch or brake presses
- use of conveyors
- other: ____

**Work-related exposure to:**
- loud noises
- loud work environment
- noisy machines/tools
- punch or brake presses
- other: ____

**Can hazard be eliminated without the use of PPE?**
- Yes ☐ No ☐

*(See Footnote 1)*

(1) **NOTE:** There are other hazards requiring PPE (such as respiratory, noise, fall, etc. hazards), that are not included here (see WAC 296-62 for respiratory and hearing protection and WAC 296-155 for fall protection for further assessment). You should consider all hazards when you conduct your hazard assessment.