APPENDIX A

Personal Protective Equipment (PPE) Assessment Form

Instructions *: 1. For each job title, determine physical, biological, chemical, and radioactive hazards. 2. Identify & assign the appropriate PPE for each hazard. 3. Complete a new assessment form if there are changes in workplace conditions, procedures, or equipment that affect occupational hazards.*

Job Title:	Department/Unit:	Location:
Date Conducted:		

Job Task _____	Job Task _____	Job Task _____
Hazards — **Description**	**Hazards** — **Description**	**Hazards** — **Description**
☐ Respiratory Hazards _____	☐ Respiratory Hazards _____	☐ Respiratory Hazards _____
☐ Skin Hazards _____	☐ Skin Hazards _____	☐ Skin Hazards _____
☐ Eye/Face Hazards _____	☐ Eye/Face Hazards _____	☐ Eye/Face Hazards _____
☐ Head/Hand/Food Hazards _____	☐ Head/Hand/Food Hazards _____	☐ Head/Hand/Food Hazards _____
☐ Physical Hazards _____	☐ Physical Hazards _____	☐ Physical Hazards _____
☐ Electrical Hazards _____	☐ Electrical Hazards _____	☐ Electrical Hazards _____
☐ Fall Hazards _____	☐ Fall Hazards _____	☐ Fall Hazards _____
☐ Chemical Hazards _____	☐ Chemical Hazards _____	☐ Chemical Hazards _____
PPE Required — **Type**	**PPE Required** — **Type**	**PPE Required** — **Type**
☐ Safety Glasses _____	☐ Safety Glasses _____	☐ Safety Glasses _____
☐ Goggles _____	☐ Goggles _____	☐ Goggles _____
☐ Face Shield _____	☐ Face Shield _____	☐ Face Shield _____
☐ Hand Protection _____	☐ Hand Protection _____	☐ Hand Protection _____
☐ Respirator _____	☐ Respirator _____	☐ Respirator _____
☐ Hearing Protection _____	☐ Hearing Protection _____	☐ Hearing Protection _____
☐ Welding Shield _____	☐ Welding Shield _____	☐ Welding Shield _____
☐ Protective Clothing _____	☐ Protective Clothing _____	☐ Protective Clothing _____
☐ Fall Protection _____	☐ Fall Protection _____	☐ Fall Protection _____
☐ Other _____	☐ Other _____	☐ Other _____
Comments _____	Comments _____	Comments _____

All Affected Employees Notified: Yes ☐ No ☐

AUTHORIZATION

☐ Approved

I certify that I have conducted the Job Hazard Assessment of the job taks listed above and have detailed the findings of the Job Hazard Assessment on this form.

Supervisor Name:	Supervisor Signature:	Supervisor NetID: Date:

* Completed forms must be mailed to EH&S at 395 Pine Tree Rd., Suite 210. Departments must also keep a copy of the completed form for their records.

☐ EHS Reviewed