

PERSONAL PROTECTIVE EQUIPMENT (PPE) ASSESSMENT

Name/Job Title _____
Department _____

Work Area _____
Task _____

SECTION 1: Selection of PPE

Select type of PPE appropriate for work area or task.

Eye and Face Protection

Safety Glasses Safety Goggles Face Shield Filtered (light radiation) N/A

Comments: _____

Head Protection

General Services Hard Hat (Class A) Utility Service High Voltage Hard Hat (Class B) Other N/A

Comments: _____

Hand Protection

Chemical Resistant Gloves Abrasion Resistant Gloves Gloves for Hot/Cold Extremes N/A

Comments: _____

Foot Protection

Steel-toed Shoes Metatarsal Protectors Chemical Resistant N/A

Comments: _____

Respiratory Protection

Dust Mask Half Face Full Face PAPR Other N/A

Comments: _____

Hearing Protection

Ear Plugs Ear Muffs N/A

Comments: _____

Torso Protection

Apron Coveralls Full Body Suit Jacket Lab Coat Vest N/A

Comments: _____

A job hazard assessment has been performed and PPE selected for the above referenced employee, job title, work area, or task.

Supervisor (print) _____

Supervisor _____

DATE _____

SECTION 2 (Optional):

This section is intended to be used to assist in the evaluation of hazards and the selection of PPE. The list is not meant to be all inclusive.

Generic Job Categories

As you answer the following questions, keep in mind the employee’s specific job tasks.

Yes	No		<u>PPE to Consider</u>
<input type="checkbox"/>	<input type="checkbox"/>	Work in a laboratory?	Eye/Face, Hand, Respiratory, Torso
<input type="checkbox"/>	<input type="checkbox"/>	Work in a shop?	Eye/Face, Foot, Hand, Hearing, Respiratory
<input type="checkbox"/>	<input type="checkbox"/>	Duties include construction?	Eye/Face, Foot, Hand, Head, Hearing, Respiratory
<input type="checkbox"/>	<input type="checkbox"/>	Duties include painting?	Eye/Face, Foot, Hand, Respiratory
<input type="checkbox"/>	<input type="checkbox"/>	Work on a farm?	Eye/Face, Foot, Hand, Hearing, Respiratory
<input type="checkbox"/>	<input type="checkbox"/>	Building maintenance?	Eye/Face, Foot, Hand, Hearing, Respiratory
<input type="checkbox"/>	<input type="checkbox"/>	Custodian?	Eye/Face, Foot, Hand
<input type="checkbox"/>	<input type="checkbox"/>	Services cars, trucks, tractors, or utility vehicles?	Eye/Face, Foot, Hand
<input type="checkbox"/>	<input type="checkbox"/>	Maintain university groups (e.g. groundskeeper)?	Eye/Face, Foot, Hand, Hearing
<input type="checkbox"/>	<input type="checkbox"/>	Public Safety?	Eye/Face, Hand, Head, Hearing, Respiratory, Torso

Job Tasks and/or Materials Handling

Answer the following questions.

Yes	No		<u>PPE to Consider</u>
<input type="checkbox"/>	<input type="checkbox"/>	Works in a noisy environment (>85 dBA)?	Hearing
<input type="checkbox"/>	<input type="checkbox"/>	Exposed to radiation?	Eye/Face , Hand, Torso
<input type="checkbox"/>	<input type="checkbox"/>	Operates a welder or cutter?	Eye/Face, Foot, Hand, Resp, Torso
<input type="checkbox"/>	<input type="checkbox"/>	Works with hazardous chemicals?	Eye/Face, Hand, Respiratory, Torso
<input type="checkbox"/>	<input type="checkbox"/>	Operates power hand tools (drills, saws, jack-hammers)?	Eye/Face, Hand, Foot, Respiratory
<input type="checkbox"/>	<input type="checkbox"/>	Works with or potentially exposed to human blood/tissues/fluids?	Eye/Face, Hand
<input type="checkbox"/>	<input type="checkbox"/>	Operates or works around an overhead crane?	Head
<input type="checkbox"/>	<input type="checkbox"/>	Works with pesticides or herbicides?	Eye/Face, Hand, Respiratory, Torso
<input type="checkbox"/>	<input type="checkbox"/>	Duties include woodworking?	Eye/Face, Hand, Respiratory
<input type="checkbox"/>	<input type="checkbox"/>	Exposed to airborne dust, chemical vapors, or gases?	Eye/Face, Respiratory
<input type="checkbox"/>	<input type="checkbox"/>	Job duties require responding as a first aid responder to emergencies?	Eye/Face, Hand
<input type="checkbox"/>	<input type="checkbox"/>	Exposed to hot/cold temperature extremes?	Eye/Face, Hand, Torso
<input type="checkbox"/>	<input type="checkbox"/>	Exposed to pinching/cutting/abrasion hazards?	Foot, Hand