

PERSONAL PROTECTIVE EQUIPMENT (PPE) ASSESSMENT

Name/Job Title _____
Department _____

Work/Location _____
Task _____

SECTION 1: Selection of PPE

Select type of PPE needed by the above referenced employee or job title.

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

Vest Jacket Apron Coveralls Full Body Suit N/A

Comments: _____

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

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 question, 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?	Hand, Eye/Face, Respiratory, Torso
<input type="checkbox"/>	<input type="checkbox"/>	Work in a shop?	Hand, Eye/Face, Foot, Respiratory, Hearing
<input type="checkbox"/>	<input type="checkbox"/>	Duties include construction?	Hand, Eye/Face, Foot, Head, Respiratory, Hearing
<input type="checkbox"/>	<input type="checkbox"/>	Duties include painting?	Hand, Eye/Face, Foot, Respiratory
<input type="checkbox"/>	<input type="checkbox"/>	Work on a farm?	Hand, Eye/Face, Foot, Respiratory, Hearing
<input type="checkbox"/>	<input type="checkbox"/>	Building Maintenance?	Hand, Eye/Face, Foot, Respiratory, Hearing
<input type="checkbox"/>	<input type="checkbox"/>	Custodian?	Hand, Eye/Face, Foot
<input type="checkbox"/>	<input type="checkbox"/>	Services cars, trucks, tractors, or utility vehicles?	Hand, Eye/Face, Foot
<input type="checkbox"/>	<input type="checkbox"/>	Maintain university groups (e.g. groundskeeper)?	Hand, Eye/Face, Foot, Hearing
<input type="checkbox"/>	<input type="checkbox"/>	Public Safety?	Hand, Eye/Face, Head, Respiratory, Hearing, Torso

Job Tasks and/or Materials Handling

Answer "Yes" to each item that is handled, operated worked in, or performed by the employee.

Yes	No		<u>PPE to Consider</u>
<input type="checkbox"/>	<input type="checkbox"/>	Works in a noisy environment (>85 dBA, 8 hours continuously)?	Hearing
<input type="checkbox"/>	<input type="checkbox"/>	Exposed to radiation?	Hand, Eye/Face, Torso
<input type="checkbox"/>	<input type="checkbox"/>	Operates a welder or cutter?	Hand, Eye/Face, Foot, Torso, Resp.
<input type="checkbox"/>	<input type="checkbox"/>	Works with hazardous chemicals?	Hand, Eye/Face, Torso Respiratory
<input type="checkbox"/>	<input type="checkbox"/>	Operates power hand tools (drills, saws, jack-hammers)?	Hand, Eye/Face, Foot, Respiratory
<input type="checkbox"/>	<input type="checkbox"/>	Works with or potentially exposed to human blood/tissues/fluids?	Hand, Eye/Face
<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?	Hand, Eye/Face, Respiratory
<input type="checkbox"/>	<input type="checkbox"/>	Duties include woodworking?	Hand, Eye/Face
<input type="checkbox"/>	<input type="checkbox"/>	Exposed or potentially exposed to airborne dust, chemical vapors or gases?	Eye/Face, Respiratory
<input type="checkbox"/>	<input type="checkbox"/>	Required to render First Aid as part of the defined job responsibilities?	Hand, Eye/Face
<input type="checkbox"/>	<input type="checkbox"/>	Exposed to Hot/Cold temperature extremes?	Hand, Eye/Face, Torso
<input type="checkbox"/>	<input type="checkbox"/>	Exposed to pinching/cutting/abrasion hazards?	Hand, Foot