

**PPE JOB ASSESSMENT AND CERTIFICATION  
SUMMARY OF TASK HAZARDS AND PPE REQUIRED**

Task \_\_\_\_\_ Dept \_\_\_\_\_  
 Assessment Conducted By Supervisor/Worker \_\_\_\_\_ Date \_\_\_\_\_

<u>GENERAL CATEGORY</u>	<u>SPECIFIC HAZARDS</u>	<u>COMMENTS</u>	<u>PPE REQUIRED</u>	
Fall	Elevation ___ Tripping ___ Surface _____ Slipping ___ Other _____	_____	Y	N
Impact By	Materials ___ Objects ___ Equipment _____ Worker ___ Other _____	_____	Y	N
Contact With	Stationary Object _____ Moving Object _____ Sharp Object _____ Other _____	_____	Y	N
Overexposure	Noise ___ Heat ___ Cold ___ Radiation ___ Light ___ Other _____	_____	Y	N
Caught In, Under Between	Machine ___ Vehicle _____ Stationary Object _____ Collapse/Cave In ___ Other _____	_____	Y	N
Skin Contact	Hot Liquid ___ Sparks ___ Molten Steel ___ Acid ___ Poison ___ Caustic ___ Base ___ Chemical ___ Other _____	_____	Y	N
Inhalation	Smoke ___ Fibers ___ Vapor ___ Gases ___ Mist ___ Biohazard ___ Dust ___ Hot ___ Cold ___ Other _____	_____	Y	N
Ingestion	Smoke ___ Fibers ___ Vapor ___ Gases ___ Dust ___ Poison ___ Radiation ___ Mist ___ Caustic ___ Base ___ Acid ___ Hot ___ Cold ___ Other _____	_____	Y	N

Chemical/Product Used	MSDS#	PPE Required
_____	_____ / _____	_____
_____	_____ / _____	_____
_____	_____ / _____	_____

**SPECIFIC PPE REQUIRED FOR TASK**

Hard Hat / Hearing / Safety Glasses / Goggles / Footware (type) \_\_\_\_\_ Shields (type) \_\_\_\_\_  
 Overalls (type) \_\_\_\_\_ Gloves (type) \_\_\_\_\_  
 Fall Protection (type) \_\_\_\_\_ Respirator (type) \_\_\_\_\_  
 Other \_\_\_\_\_ Other \_\_\_\_\_