

**PERSONAL PROTECTIVE EQUIPMENT
JOB HAZARD ASSESSMENT
CERTIFICATION FORM**

Using the following checklist, assess the job tasks for common hazards

The supervisor/employee completing this form must sign and date it when the assessment is completed.

DEPARTMENT BEING EVALUATED _____

JOB TYPE BEING EVALUATED _____

EYE HAZARDS

Check Yes or No if hazard is present or possible:

- Impact Protection needed (Flying particles, chipping, nailing, grinding) Yes____ No____
- Solvent/Chemical Splashing (Pouring and usage of chemicals) Yes____ No____
- Welding Yes____ No____
- Other_____ Yes____ No____

HAND HAZARDS

- Waste products/cleaning-handling Yes____ No____
- Plumbing systems/cleaning Yes____ No____
- Lifting Heavy objects-impact cuts Yes____ No____
- Handling sharp or broken objects/materials Yes____ No____
- Other_____ Yes____ No____

FOOT HAZARDS

- Rolling/falling/pinching Yes____ No____
- Slippery conditions Yes____ No____
- Other_____ Yes____ No____

HEARING HAZARDS

- Unwanted noise over 85 decibels (Portable power tools, mowers, backhoes machines, chainsaws, trimmers, etc..) Yes____ No____
- Unwanted noise <85 decibels Yes____ No____
- Other_____ Yes____ No____

RESPIRATORY HAZARDS

- Particulate in the air Yes____ No____
- Gases in the air Yes____ No____
- Vapors in the air Yes____ No____
- Aerosols in the air Yes____ No____
- Other_____ Yes____ No____

(NOTE: RESPIRATORS CAN ONLY BE WORN IF YOU HAVE HAD THE ASSOCIATED TRAINING)

Employee's name _____

Employee's Signature _____

Date: _____

Environmental Health and Safety Coordinator's Signature _____ Date: _____