

Workplace/Task Hazard Assessment & PPE Evaluation

Workplace/Task Evaluation		
Department:	Bldg/Area:	Floor/Rm:
# of Employees Affected:	Person Interviewed:	
Task(s):		

Potential Injury Evaluation - Sources											
Source	100% of risk controlled by engineering or admin methods			*Hazard exposure checked as S=Slight, M=Moderate, X=Significant, NA=Not Applicable							
	Yes	No	NA	Hands	Eyes	Head	Feet	Skin	Body	Hearing	Respiratory
Airborne Contaminants											
Electrical Current											
Excessive Temp											
High Noise Levels											
Fall From Heights											
Falling Objects											
Fire/Flame											
Flying Particles											
Harmful Dust											
Hazardous Materials											
LASER Light											
Machine Nip Points											
Moving Equipment											
Rolling Stock											
Sharp Objects											
Sunlight											

PPE Selected for Job/Task			
<input type="checkbox"/> Safety Glasses	<input type="checkbox"/> Hard Hat	<input type="checkbox"/> Fall Protection	<input type="checkbox"/> Foot Protection
<input type="checkbox"/> Face Shield	<input type="checkbox"/> Hearing Protection	<input type="checkbox"/> Body Protection (type):	
<input type="checkbox"/> Gloves (type):		<input type="checkbox"/> Respiratory (cartridge):	

PPE Evaluation			
PPE selected appropriately?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	PPE care & maintenance adequate?
PPE use mandated by supervisor?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	PPE fitted to employee as necessary
PPE training conducted?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	PPE being used & dispensed properly?
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Evaluator:	Title:	Date:
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