APPENDIX A

Personal Protective Equipment (PPE) Assessment Form **Instructions**: 1. For each job title, determine physical, biological, chemical, and radioactive hazards. 2. Identify & assign the appropriate PPE for each hazard. 3. Complete a new assessment form if there are changes in workplace conditions, procedures, or equipment that affect occupational hazards. Job Title: Department/Unit: Location: Date Conducted: Job Task Job Task Job Task Hazards **Description** Hazards Description Hazards Description Respiratory Hazards Respiratory Hazards Respiratory Hazards Skin Hazards Skin Hazards Skin Hazards ☐ Eye/Face Hazards ☐ Eye/Face Hazards ☐ Eye/Face Hazards ☐ Head/Hand/Food Hazards ☐ Head/Hand/Food Hazards ☐ Head/Hand/Food Hazards Physical Hazards Physical Hazards Physical Hazards ☐ Electrical Hazards ☐ Electrical Hazards ☐ Electrical Hazards Fall Hazards Fall Hazards Fall Hazards Chemical Hazards Chemical Hazards Chemical Hazards **PPE Required Type PPE Required Type PPE Required Type** Safety Glasses Safety Glasses Safety Glasses Goggles Goggles Goggles ☐ Face Shield ☐ Face Shield Face Shield ☐ Hand Protection ☐ Hand Protection ☐ Hand Protection Respirator Respirator Respirator ☐ Hearing Protection ☐ Hearing Protection ☐ Hearing Protection □ Welding Shield □ Welding Shield □ Welding Shield Protective Clothing Protective Clothing Protective Clothing Fall Protection Fall Protection Fall Protection Other Other Other Comments _____ Comments _____ Comments All Affected Employees Notified: Yes No **AUTHORIZATION** Approved certify that I have conducted the Job Hazard Assessment of the job taks listed above and have detailed the findings of the Job Hazard Assessment on this form. Supervisor Name: Supervisor Signature: Supervisor NetID: Date: Completed forms must be mailed to EH&S at 395 Pine Tree Rd., Suite 210. Departments must also keep a copy of the completed form for their records. **EHS Reviewed**