

Personal Protective Equipment (PPE)

Hazard Assessment

Production	Department
Job Classification	Location
Person Performing Assessment	Signature of Person Performing Assessment
Assessment Date	

Department Heads should complete the Personal Protective Equipment (PPE) Hazard Assessment below for all areas in which crew members are performing work. The purpose of this document is to identify hazards that are present in which PPE is appropriate to control the hazard, if the hazard cannot be eliminated or controlled by other means (e.g., engineering controls, administrative controls, substitution, etc.).

When a hazard is identified and PPE is necessary, the appropriate PPE must be made available to the affected crew members. All crew members who utilize PPE shall be properly trained on how to inspect, use, clean and store the PPE provided.

If assistance is needed, please contact your assigned Production Safety Manager.

Part of Body	Hazard	Required PPE	Notes
HANDS	<input type="checkbox"/> Penetration – sharp objects	<input type="checkbox"/> Leather/cut resistant gloves	
	<input type="checkbox"/> Penetration – animal bites	<input type="checkbox"/> Leather/cut resistant gloves	
	<input type="checkbox"/> Penetration – rough objects	<input type="checkbox"/> General purpose work gloves	
	<input type="checkbox"/> Penetration – knives	<input type="checkbox"/> Metal mesh, Kevlar, steel mesh, heavy leather	
	<input type="checkbox"/> Chemicals	<input type="checkbox"/> Chemical resistant gloves	
	<input type="checkbox"/> Extreme cold	Type:	
	<input type="checkbox"/> Extreme heat	<input type="checkbox"/> Insulated gloves	
	<input type="checkbox"/> Blood or Infectious Agent	<input type="checkbox"/> Heat flame resistant gloves	
	<input type="checkbox"/> Electrical shock	<input type="checkbox"/> Nitrile gloves	
	<input type="checkbox"/> Product contamination	<input type="checkbox"/> Insulated rubber gloves	
	<input type="checkbox"/> Other _____	Type:	
		<input type="checkbox"/> Plastic, cotton, nylon	
	<input type="checkbox"/> Other _____		

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EYES AND FACE	<input type="checkbox"/> Impact-flying objects, chips, sand, or dirt <input type="checkbox"/> Nuisance dust <input type="checkbox"/> UV light welding, cutting, torch brazing or soldering <input type="checkbox"/> Chemical splashing liquid <input type="checkbox"/> Chemical – irritating mists <input type="checkbox"/> Hot sparks – grinding <input type="checkbox"/> Splashing molten metal <input type="checkbox"/> Glare/high intensity lights <input type="checkbox"/> Laser operations <input type="checkbox"/> Other _____	<input type="checkbox"/> Safety glasses w/side shields <input type="checkbox"/> Goggles w/face shields <input type="checkbox"/> Unvented chemical goggles <input type="checkbox"/> Welding goggles <input type="checkbox"/> Welding helmet//shield w/ safety glasses and side shields <input type="checkbox"/> Chemical goggles/face shield <input type="checkbox"/> Unvented chemical goggles <input type="checkbox"/> Safety glasses w/side shields <input type="checkbox"/> Safety goggles w/face shield <input type="checkbox"/> Safety goggle/with face shield <input type="checkbox"/> Shaded safety glasses <input type="checkbox"/> Laser goggles or glasses <input type="checkbox"/> Other _____	
Part of Body	Hazard	Required PPE	Notes
RESPIRATORY SYSTEM	<input type="checkbox"/> For comfort for nuisance dust/mist/particulate <input type="checkbox"/> Welding fumes <input type="checkbox"/> Asbestos <input type="checkbox"/> Pesticides <input type="checkbox"/> Paint Spray <input type="checkbox"/> Organic Vapors <input type="checkbox"/> Acid gases <input type="checkbox"/> Oxygen deficient/toxic or IDLH atmosphere	<input type="checkbox"/> Disposable dust/mist mask <input type="checkbox"/> Respirator w/P100 filter <input type="checkbox"/> Respirator w/P100 filter <input type="checkbox"/> Respirator w/cartridges as per pesticide label <input type="checkbox"/> Respirator w/OV/P100 <input type="checkbox"/> Respirator with organic cartridges <input type="checkbox"/> Respirator w/acid gas cartridges <input type="checkbox"/> SCBA or Type C airline respirator	

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EARS	<input type="checkbox"/> Exposure to noise levels >85 dBA 8-hour TWA <input type="checkbox"/> Exposure to noise levels >105 dBA 8-hour TWA <input type="checkbox"/> Exposure to sparks <input type="checkbox"/> Other _____	<input type="checkbox"/> Earmuffs or plugs <input type="checkbox"/> Earmuffs AND plugs <input type="checkbox"/> Leather <input type="checkbox"/> Other _____	
Part of Body	Hazard	Required PPE	Notes
FEET	<input type="checkbox"/> Impact heavy objects <input type="checkbox"/> Compression-rolling or pinching objects/vehicles <input type="checkbox"/> Slippery or wet surfaces <input type="checkbox"/> Electrical hazards <input type="checkbox"/> Explosive atmosphere <input type="checkbox"/> Penetration-sharp objects	<input type="checkbox"/> Steel toe safety shoes <input type="checkbox"/> Leather boots or safety shoes w/metatarsal (top of foot) guards <input type="checkbox"/> Slip resistant soles <input type="checkbox"/> Electrical hazard shoes <input type="checkbox"/> Conductive footwear <input type="checkbox"/> Puncture resistant soles	
Part of Body	Hazard	Required PPE	Notes
HEAD	<input type="checkbox"/> Stuck by Falling objects <input type="checkbox"/> Stuck against fixed object <input type="checkbox"/> Electrical contact with exposed wires/conductors <input type="checkbox"/> Other _____	Hard hat/cap needed <input type="checkbox"/> Class A <input type="checkbox"/> Class B <input type="checkbox"/> Class C <input type="checkbox"/> Class E <input type="checkbox"/> Other _____	

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BODY	<input type="checkbox"/> Impact-flying objects <input type="checkbox"/> Moving vehicles <input type="checkbox"/> Penetration-sharp objects <input type="checkbox"/> Electrical-static discharge <input type="checkbox"/> Hot metal or sparks <input type="checkbox"/> Chemical(s) List all <input type="checkbox"/> Other _____	<input type="checkbox"/> Long sleeves/apron/coat <input type="checkbox"/> Traffic Vests <input type="checkbox"/> Cut Resistant sleeves, wristlets <input type="checkbox"/> Static Control coats/coveralls <input type="checkbox"/> Flame-resistant jacket/pants <input type="checkbox"/> Lab coat or apron/sleeves <input type="checkbox"/> Insulated jacket/hood <input type="checkbox"/> Body harness and lanyard <input type="checkbox"/> Other _____	
Part of Body	Hazard	Required PPE	Notes
FALL	<input type="checkbox"/> No Passive Fall Protection (guardrail, gate) <input type="checkbox"/> Fall hazard > 3 ft-6 ft <input type="checkbox"/> Fall hazard > 6 ft-9 ft <input type="checkbox"/> Fall hazard > 9 ft-12 ft <input type="checkbox"/> Fall hazard > 12 ft-16 ft <input type="checkbox"/> Fall hazard > 16 ft <input type="checkbox"/> Other _____	<input type="checkbox"/> Passive system in Place <input type="checkbox"/> Full body harness and lanyard <input type="checkbox"/> Full body system with Self Retracting Lanyard (SRL) <input type="checkbox"/> Leading Edge Hazards (SRL-LE) <input type="checkbox"/> Other _____	
Part of Body	Hazard	Required PPE	Notes
PERSONAL VISIBILITY PROTECTION	<input type="checkbox"/> Exposure to vehicular traffic <input type="checkbox"/> Conditions and locations such as rail yards, subways, construction sites, airports and marine docks where personal visibility protection is required	<input type="checkbox"/> Fluorescent (orange, yellow, strong yellow-green) and retro reflective (orange, yellow, white, silver, strong yellow-green) high visibility vest <input type="checkbox"/> Fluorescent (orange, yellow, strong yellow-green) and retro reflective (orange, yellow, white, silver, strong yellow-green) high visibility shirt or jacket	