

## Personal Protective Equipment Hazard Assessment MSAD No.75

Department: \_\_\_\_\_ Location: \_\_\_\_\_  
 Operation/Process: \_\_\_\_\_ Generic Task Yes or No \_\_\_\_\_  
 Job Classification(s) Assessed: \_\_\_\_\_  
 Name of Person Performing Assessment: \_\_\_\_\_ Date: \_\_\_\_\_

**The following hazards have been noted:**

q <b>Impact</b> q Falling Objects      q Moving Vehicles q Flying objects      q Overhead projections q Other: _____	<b>Notes:</b> <input type="checkbox"/>
q <b>Penetration</b> <input type="checkbox"/> q Sharp/piercing objects	<b>Notes:</b> <input type="checkbox"/>
q <b>Compression (roll-over)</b> q Rolling or pinching objects	<b>Notes:</b>
q <b>Chemical</b> q Inhalation      q Injection q Splash      q Ingestion q Absorption	<b>Notes:</b>
q <b>Heat</b> q Hot metal q Hot sparks q Ignition of clothing/PPE	<b>Notes:</b>
q <b>Light (optical) Radiation</b> q Welding      q Cutting q Furnace      q Lasers q Brazing      q Heat Treating	<b>Notes:</b>
q <b>Dust</b> q Grinding      q Sawing q Sanding      q General dusty conditions	<b>Notes:</b>
___ <b>Electrical</b>	<b>Notes:</b>
___ <b>Extreme Cold</b>	<b>Notes:</b>
___ <b>Noise</b>	<b>Notes:</b>
___ <b>Respiratory System</b>	<b>Notes:</b>
___ <b>Water</b> ___ Drowning ___ Moisture/Rain	<b>Notes:</b>

**Is Personal Protective Equipment (PPE) necessary?**    Yes \_\_\_ No  **If Yes, list the PPE needed.**

<i>Part of Body</i> <input type="checkbox"/>	<i>N/A</i>	<i>PPE Needed</i> <input type="checkbox"/>	<i>PPE Needed</i> <input type="checkbox"/>	<i>PPE Needed</i> <input type="checkbox"/>
Eyes <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ears <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Face <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Head				
Hands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Body	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respiratory System				

**CERTIFICATION:** I certify that I personally performed the above Hazard Assessment on the date indicated. This document is a **Certification of the Hazard Assessment per 29CFR1910.132.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Note: (1) Inspect PPE Prior to each use to ensure no defects  
 (2) USE GFCI in wet/damp environment