

Eastern Michigan University PPE Hazard Assessment Form

Use this form to identify the Personal Protective Equipment (PPE) required within each work location. Multiple forms may be used as needed to include all work areas or job functions within a work location.

Department:
Work Location(s):
Task/Process/Activity:

Type of Hazards Present Check all that apply	Description(s) Hazard	Personal Protective Equipment (Circle all applicable AND describe the specific PPE required e.g. splash goggles, face shields, nitrile gloves, hard hat, etc.)
<input type="checkbox"/> Biological (e.g., infectious materials, human, or animal tissue, blood or body fluids, biological toxins, etc.).		Body Eye/Face Foot/Leg Hand Head Other
<input type="checkbox"/> Chemical (e.g., burns, fumes, splash hazards, etc.). <input type="checkbox"/> Asphyxiant <input type="checkbox"/> Carcinogen <input type="checkbox"/> Corrosive <input type="checkbox"/> Flammable <input type="checkbox"/> Reactive <input type="checkbox"/> Toxic <input type="checkbox"/> Other		Body Eye/Face Foot/Leg Hand Head Other (Contact EHS regarding respiratory PPE)
<input type="checkbox"/> Cuts/Penetration (e.g., cuts, punctures, abrasions, etc.).		Body Eye/Face Foot/Leg Hand Head Other
<input type="checkbox"/> Electrical (e.g., exposed electrical conductors, energized parts, electrical switchgear, electrical).		Body Eye/Face Foot/Leg Hand Head Other
<input type="checkbox"/> Fall Hazards Personnel may be exposed to fall hazards when performing working on a surface with an unprotected side or edge that is 4 feet or more above a lower level or 10 feet or more scaffolds. Fall protection may also be required when using vehicle man lifts, elevated platforms, tree trimming, performing work on poles, roofs or fixed ladders.		Fall Arrest Systems Harness Guardrails Cable & Anchors Fall Restraint

<input type="checkbox"/> Harmful Dust/ Mists/ Fumes/ Vapor (e.g., grinding, drilling, sanding, welding, brazing, soldering, working with silica dust, Nanomaterials, animal bedding, allergens, etc.).		Body Eye/Face Foot/Leg Hand Head Respiratory Other
<input type="checkbox"/> Impact (e.g., falling or flying objects, sand, dirt, dust, particulate, etc.).		Body Eye/Face Foot/Leg Hand Head Other
<input type="checkbox"/> Ionizing Radiation (e.g., x-rays, radioisotopes, etc.).		Body Eye/Face Foot/Leg Hand Head Other
<input type="checkbox"/> Light (Optical) Radiation (e.g., laser, UV light, welding, furnaces, etc.).		Eye/Face
<input type="checkbox"/> Noise (e.g., continuous noise, impact noise, intermittent noise, etc.).		Contact EHS for assistance. Earplugs and earmuffs.
<input type="checkbox"/> Pinch/ Crush/ Roll Over (e.g., moving machine parts, falling/rolling heavy equipment, etc.).		Body Eye/Face Foot/Leg Hand Head Other
<input type="checkbox"/> Thermal (Hot/Cold) (e.g., torching, hot sparks, welding, working on or with steam, working with cryogenic gases, molten metals).		Body Eye/Face Foot/Leg Hand Head Other
<input type="checkbox"/> Other (e.g., slippery walking surfaces, working from heights, vibration, etc.).		Body Eye/Face Foot/Leg Hand Head Other
<input type="checkbox"/> None (Check if no apparent hazards exist)		

I CERTIFY THAT THE ABOVE HAZARD ASSESSMENT WAS PERFORMED TO THE BEST OF MY KNOWLEDGE AND ABILITY, BASED ON THE HAZARDS PRESENT ON THIS DATE

Assessment Completed By: (Print)	
Signature:	Date: