

# WVU PPE Hazard Assessment Certification Form

Department: \_\_\_\_\_

Assessment conducted by: \_\_\_\_\_

Job Title: \_\_\_\_\_

Date of assessment: \_\_\_\_\_

<b>EYES</b>		
<p><b>Work activities, such as:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> abrasive blasting</li> <li><input type="checkbox"/> chopping</li> <li><input type="checkbox"/> cutting</li> <li><input type="checkbox"/> drilling</li> <li><input type="checkbox"/> welding</li> <li><input type="checkbox"/> soldering</li> <li><input type="checkbox"/> torch brazing</li> <li><input type="checkbox"/> working outdoors</li> <li><input type="checkbox"/> computer work</li> <li><input type="checkbox"/> punch press operations</li> <li><input type="checkbox"/> demolition</li> <li><input type="checkbox"/> utility work</li> <li><input type="checkbox"/> other:</li> </ul>	<p><b>Work-related exposure to:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> airborne dust</li> <li><input type="checkbox"/> dirt</li> <li><input type="checkbox"/> UV</li> <li><input type="checkbox"/> flying particles/objects</li> <li><input type="checkbox"/> blood splashes</li> <li><input type="checkbox"/> hazardous chemicals</li> <li><input type="checkbox"/> chemical splashes</li> <li><input type="checkbox"/> molten metal splashes</li> <li><input type="checkbox"/> glare/high intensity lights</li> <li><input type="checkbox"/> laser operations</li> <li><input type="checkbox"/> hot sparks</li> <li><input type="checkbox"/> falling particles/objects</li> <li><input type="checkbox"/> other:</li> </ul>	<p><b>Work Related Hazard Controls</b></p> <p><b>PPE:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Safety glasses</li> <li><input type="checkbox"/> Safety goggles</li> <li><input type="checkbox"/> Dust-tight goggles</li> <li><input type="checkbox"/> Impact goggles</li> <li><input type="checkbox"/> Welding helmet/shield</li> <li><input type="checkbox"/> Chemical goggles</li> <li><input type="checkbox"/> Laser goggles</li> <li><input type="checkbox"/> Shading/Filter (# _____)</li> <li><input type="checkbox"/> Welding shield</li> </ul> <p><b>With:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Side shields</li> <li><input type="checkbox"/> Face shield</li> <li><input type="checkbox"/> Shaded</li> <li><input type="checkbox"/> Prescription</li> </ul> <p><b>Other Hazard Controls:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Guarding, ventilation, covers</li> <li><input type="checkbox"/> Tool improvements/changes, equip. improvements</li> <li><input type="checkbox"/> Remove obstructions, improve housekeeping</li> <li><input type="checkbox"/> Layout/design changes, storing/securing changes</li> <li><input type="checkbox"/> Signage, Warnings</li> <li><input type="checkbox"/> Procedure, policy, SOP</li> <li><input type="checkbox"/> PM, Inspections</li> <li><input type="checkbox"/> Training, retraining, specialized training</li> </ul>
<b>FACE</b>		
<p><b>Work activities, such as:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> cleaning</li> <li><input type="checkbox"/> cooking</li> <li><input type="checkbox"/> siphoning</li> <li><input type="checkbox"/> painting</li> <li><input type="checkbox"/> dip tank operations</li> <li><input type="checkbox"/> pouring</li> <li><input type="checkbox"/> demolition</li> <li><input type="checkbox"/> utility work</li> </ul>	<p><b>Work-related exposure to:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> foundry work</li> <li><input type="checkbox"/> welding</li> <li><input type="checkbox"/> mixing</li> <li><input type="checkbox"/> pouring molten metal</li> <li><input type="checkbox"/> working outdoors</li> <li><input type="checkbox"/> other:</li> </ul>	<p><b>Work Related Hazard Controls</b></p> <p><b>PPE:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Face shield</li> <li><input type="checkbox"/> Shading/Filter (# _____)</li> <li><input type="checkbox"/> Insulated clothing</li> <li><input type="checkbox"/> Welding shield</li> </ul> <p><b>Other Hazard Controls:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Guarding, ventilation, covers</li> <li><input type="checkbox"/> Tool improvements/changes, equip. improvements</li> <li><input type="checkbox"/> Remove obstructions, improve housekeeping</li> <li><input type="checkbox"/> Layout/design changes, storing/securing changes</li> <li><input type="checkbox"/> Signage, Warnings</li> <li><input type="checkbox"/> Procedure, policy, SOP</li> <li><input type="checkbox"/> PM, Inspections</li> <li><input type="checkbox"/> Training, retraining, specialized training</li> </ul>
<b>HEAD</b>		
<p><b>Work activities, such as:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> building maintenance</li> <li><input type="checkbox"/> confined space operations</li> <li><input type="checkbox"/> construction</li> <li><input type="checkbox"/> electrical work</li> <li><input type="checkbox"/> walking/working near crane loads</li> <li><input type="checkbox"/> utility work</li> <li><input type="checkbox"/> cleaning</li> <li><input type="checkbox"/> demolition</li> <li><input type="checkbox"/> working on or under catwalks, conveyors, scaffolds, or manlifts</li> <li><input type="checkbox"/> working outdoors</li> <li><input type="checkbox"/> other:</li> </ul>	<p><b>Work-related exposure to:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> beams</li> <li><input type="checkbox"/> pipes</li> <li><input type="checkbox"/> exposed electrical wiring or components</li> <li><input type="checkbox"/> falling objects</li> <li><input type="checkbox"/> fixed object</li> <li><input type="checkbox"/> machine parts</li> <li><input type="checkbox"/> repetitive motion</li> <li><input type="checkbox"/> extreme heat</li> <li><input type="checkbox"/> extreme cold</li> <li><input type="checkbox"/> hazardous chemicals</li> <li><input type="checkbox"/> other:</li> </ul>	<p><b>Work Related Hazard Controls</b></p> <p><b>PPE:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Protective Helmet                             <ul style="list-style-type: none"> <li><input type="checkbox"/> Type G (&lt;2,200 v)</li> <li><input type="checkbox"/> Type E (&lt;20,000 v)</li> <li><input type="checkbox"/> Type C</li> <li><input type="checkbox"/> Bump cap (not ANSI-approved)</li> </ul> </li> <li><input type="checkbox"/> Hair net or soft cap</li> </ul> <p><b>Other Hazard Controls:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> insulated clothing</li> <li><input type="checkbox"/> Tyvek hood</li> <li><input type="checkbox"/> Guarding, ventilation, covers</li> <li><input type="checkbox"/> Tool improvements/changes, equip. improvements</li> <li><input type="checkbox"/> Remove obstructions, improve housekeeping</li> <li><input type="checkbox"/> Layout/design changes, storing/securing changes</li> <li><input type="checkbox"/> Signage, Warnings</li> <li><input type="checkbox"/> Procedure, policy, SOP</li> <li><input type="checkbox"/> PM, Inspections</li> <li><input type="checkbox"/> Training, retraining, specialized training</li> </ul>
<b>HANDS/ARMS</b>		
<p><b>Work activities, such as:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> baking</li> <li><input type="checkbox"/> cooking</li> <li><input type="checkbox"/> grinding</li> <li><input type="checkbox"/> welding</li> <li><input type="checkbox"/> working with glass</li> <li><input type="checkbox"/> using knives</li> <li><input type="checkbox"/> garbage disposal</li> <li><input type="checkbox"/> computer operation</li> <li><input type="checkbox"/> demolition</li> <li><input type="checkbox"/> utility work</li> <li><input type="checkbox"/> other:</li> </ul>	<p><b>Work-related exposure to:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> material handling</li> <li><input type="checkbox"/> sanding</li> <li><input type="checkbox"/> sawing</li> <li><input type="checkbox"/> hammering</li> <li><input type="checkbox"/> using power tools</li> <li><input type="checkbox"/> working outdoors</li> <li><input type="checkbox"/> electrical / electronic</li> <li><input type="checkbox"/> cleaning</li> </ul>	<p><b>Work-related exposure to:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> blood</li> <li><input type="checkbox"/> hazardous chemicals</li> <li><input type="checkbox"/> tools or materials that could scrape, bruise, cut, or pinch</li> <li><input type="checkbox"/> extreme heat</li> <li><input type="checkbox"/> extreme cold</li> <li><input type="checkbox"/> animal bites</li> <li><input type="checkbox"/> electric shock</li> <li><input type="checkbox"/> vibration</li> <li><input type="checkbox"/> musculoskeletal disorders: Carpel Tunnel, strains, and sprains)</li> <li><input type="checkbox"/> sharps injury</li> <li><input type="checkbox"/> repetitive work</li> <li><input type="checkbox"/> other:</li> </ul>
<p><b>Work Related Hazard Controls</b></p> <p><b>PPE:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Gloves (Reference MSDS)                             <ul style="list-style-type: none"> <li><input type="checkbox"/> Chemical resistance</li> <li><input type="checkbox"/> Liquid/leak resistance</li> <li><input type="checkbox"/> Temperature resistance/insulated</li> <li><input type="checkbox"/> Abrasion/cut resistance</li> <li><input type="checkbox"/> Slip resistance</li> <li><input type="checkbox"/> Latex or nitrile</li> <li><input type="checkbox"/> Anti-vibration</li> </ul> </li> <li><input type="checkbox"/> Protective sleeves</li> <li><input type="checkbox"/> Ergonomic equipment _____</li> </ul> <p><b>Other Hazard Controls:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Guarding, ventilation, covers</li> <li><input type="checkbox"/> Tool improvements/changes, equip. improvements</li> <li><input type="checkbox"/> Remove obstructions, improve housekeeping</li> <li><input type="checkbox"/> Layout/design changes, storing/securing changes</li> <li><input type="checkbox"/> Signage, Warnings</li> <li><input type="checkbox"/> Procedure, policy, SOP</li> <li><input type="checkbox"/> PM, Inspections</li> <li><input type="checkbox"/> Training, retraining, specialized training</li> </ul>		

<b>FEET/LEGS</b>		
<b>Work activities, such as:</b> <input type="checkbox"/> building maintenance <input type="checkbox"/> construction <input type="checkbox"/> demolition <input type="checkbox"/> food processing <input type="checkbox"/> foundry work <input type="checkbox"/> working outdoors <input type="checkbox"/> sawing <input type="checkbox"/> utility work <input type="checkbox"/> trenching <input type="checkbox"/> use of highly flammable materials <input type="checkbox"/> welding <input type="checkbox"/> cleaning <input type="checkbox"/> lawn care work <input type="checkbox"/> operating heavy equipment <input type="checkbox"/> other:	<b>Work-related exposure to:</b> <input type="checkbox"/> exposed electrical wiring or components <input type="checkbox"/> heavy equipment <input type="checkbox"/> slippery surfaces <input type="checkbox"/> impact from objects <input type="checkbox"/> pinch points <input type="checkbox"/> crushing <input type="checkbox"/> sharps injury <input type="checkbox"/> blood <input type="checkbox"/> hazardous chemicals <input type="checkbox"/> extreme heat <input type="checkbox"/> extreme cold <input type="checkbox"/> fall <input type="checkbox"/> other:	<b>Work Related Hazard Controls</b>  <b>PPE:</b> <input type="checkbox"/> Safety shoes or boots <input type="checkbox"/> Toe protection <input type="checkbox"/> Metatarsal protection <input type="checkbox"/> Electrical protection <input type="checkbox"/> Heat/cold protection <input type="checkbox"/> Puncture resistance <input type="checkbox"/> Chemical resistance <input type="checkbox"/> Anti-slip soles <input type="checkbox"/> Leggings or chaps <input type="checkbox"/> Foot-Leg guards <b>Other Hazard Controls:</b> <input type="checkbox"/> Guarding, ventilation, covers <input type="checkbox"/> Tool improvements/changes, equip. improvements <input type="checkbox"/> Remove obstructions, improve housekeeping <input type="checkbox"/> Layout/design changes, storing/securing changes <input type="checkbox"/> Signage, Warnings <input type="checkbox"/> Procedure, policy, SOP <input type="checkbox"/> PM, Inspections <input type="checkbox"/> Training, retraining, specialized training
<b>BODY/SKIN</b>		
<b>Work activities such as:</b> <input type="checkbox"/> baking or frying <input type="checkbox"/> battery charging <input type="checkbox"/> dip tank operations <input type="checkbox"/> fiberglass installation <input type="checkbox"/> sawing <input type="checkbox"/> outdoor work <input type="checkbox"/> cleaning <input type="checkbox"/> welding <input type="checkbox"/> utility work <input type="checkbox"/> demolition <input type="checkbox"/> other:	<b>Work-related exposure to:</b> <input type="checkbox"/> hazardous chemicals <input type="checkbox"/> extreme heat <input type="checkbox"/> extreme cold <input type="checkbox"/> sharp or rough edges <input type="checkbox"/> UV radiation from sun / welding <input type="checkbox"/> other:	<b>Work Related Hazard Controls</b>  <b>PPE:</b> <input type="checkbox"/> Vest, Jacket <input type="checkbox"/> Coveralls, Body suit <input type="checkbox"/> Raingear <input type="checkbox"/> Apron <input type="checkbox"/> Welding leathers <input type="checkbox"/> Abrasion/cut resistance <b>Other Hazard Controls:</b> <input type="checkbox"/> Guarding, ventilation, covers <input type="checkbox"/> Tool improvements/changes, equip. improvements <input type="checkbox"/> Remove obstructions, improve housekeeping <input type="checkbox"/> Layout/design changes, storing/securing changes <input type="checkbox"/> Signage, Warnings <input type="checkbox"/> Procedure, policy, SOP <input type="checkbox"/> PM, Inspections <input type="checkbox"/> Training, retraining, specialized training
<b>BODY/WHOLE</b>		
<b>Work activities such as:</b> <input type="checkbox"/> building maintenance <input type="checkbox"/> construction <input type="checkbox"/> sawing <input type="checkbox"/> computer work <input type="checkbox"/> working outdoors <input type="checkbox"/> utility work <input type="checkbox"/> welding <input type="checkbox"/> traffic control / road work <input type="checkbox"/> demolition <input type="checkbox"/> cleaning <input type="checkbox"/> lawn care work <input type="checkbox"/> heavy equipment operation <input type="checkbox"/> other:	<b>Work-related exposure to:</b> <input type="checkbox"/> working from heights of 4 feet or more <input type="checkbox"/> impact from flying objects <input type="checkbox"/> impact from moving vehicles <input type="checkbox"/> sharps injury <input type="checkbox"/> blood <input type="checkbox"/> electrical/static discharge <input type="checkbox"/> hot metal <input type="checkbox"/> musculoskeletal disorders (back, shoulder sprains / strains) <input type="checkbox"/> sparks <input type="checkbox"/> hazardous chemicals <input type="checkbox"/> extreme heat <input type="checkbox"/> extreme cold <input type="checkbox"/> elevated walking/working surface <input type="checkbox"/> working near water <input type="checkbox"/> injury from slip/trip/fall <input type="checkbox"/> explosive atmosphere <input type="checkbox"/> vibration <input type="checkbox"/> other:	<b>Work Related Hazard Controls</b>  <b>PPE:</b> <input type="checkbox"/> Fall Arrest/Restraint <input type="checkbox"/> Traffic vest with reflective marks <input type="checkbox"/> Static coats/overalls <input type="checkbox"/> Flame resistant jacket/pants <input type="checkbox"/> Insulated clothing <input type="checkbox"/> Cut resistant sleeves/wristlets <b>Other Hazard Controls:</b> <input type="checkbox"/> Guarding, ventilation, covers <input type="checkbox"/> Tool improvements/changes, equip. improvements <input type="checkbox"/> Remove obstructions, improve housekeeping <input type="checkbox"/> Layout/design changes, storing/securing changes <input type="checkbox"/> Signage, Warnings <input type="checkbox"/> Procedure, policy, SOP <input type="checkbox"/> PM, Inspections <input type="checkbox"/> Training, retraining, specialized training
<b>LUNGS/RESPIRATORY</b>		
<b>Work activities such as:</b> <input type="checkbox"/> cleaning <input type="checkbox"/> mixing <input type="checkbox"/> painting <input type="checkbox"/> fiberglass installation <input type="checkbox"/> compressed air or gas operations <input type="checkbox"/> confined space work <input type="checkbox"/> working outdoors <input type="checkbox"/> demolition <input type="checkbox"/> welding <input type="checkbox"/> abatement <input type="checkbox"/> changing AHU filter <input type="checkbox"/> spraying <input type="checkbox"/> construction <input type="checkbox"/> other:	<input type="checkbox"/> pouring <input type="checkbox"/> sawing <input type="checkbox"/> dip tank operation  <b>Work-related exposure to:</b> <input type="checkbox"/> dust or particulate <input type="checkbox"/> toxic gas/vapor <input type="checkbox"/> hazardous chemicals <input type="checkbox"/> welding fume <input type="checkbox"/> asbestos <input type="checkbox"/> pesticides <input type="checkbox"/> organic vapors <input type="checkbox"/> oxygen deficient environment <input type="checkbox"/> paint spray <input type="checkbox"/> extreme heat <input type="checkbox"/> extreme cold <input type="checkbox"/> animal waste <input type="checkbox"/> other:	<b>Work Related Hazard Controls</b>  <b>PPE:</b> <input type="checkbox"/> Disposable particulate respirator (reference MSDS) <input type="checkbox"/> Replaceable filter/cartridge respirator <input type="checkbox"/> Power Air Purifying Respirator PAPR (Air recycle) <input type="checkbox"/> PPSA (Air supply) Respirator <b>With/Type:</b> <input type="checkbox"/> face shield <input type="checkbox"/> acid/gas crtdg <input type="checkbox"/> organic crtdg <input type="checkbox"/> pesticide crtdg <input type="checkbox"/> particulate <input type="checkbox"/> spray paint crtdg <input type="checkbox"/> half faced <input type="checkbox"/> full faced <input type="checkbox"/> hooded <b>Other Hazard Controls:</b> <input type="checkbox"/> Guarding, ventilation, covers <input type="checkbox"/> Tool improvements/changes, equip. improvements <input type="checkbox"/> Remove obstructions, improve housekeeping <input type="checkbox"/> Layout/design changes, storing/securing changes <input type="checkbox"/> Signage, Warnings <input type="checkbox"/> Procedure, policy, SOP <input type="checkbox"/> PM, Inspections <input type="checkbox"/> Training, retraining, specialized training
<b>EARS/HEARING</b>		
<b>Work activities such as:</b> <input type="checkbox"/> generator <input type="checkbox"/> ventilation fans <input type="checkbox"/> motors <input type="checkbox"/> sanding <input type="checkbox"/> pneumatic equipment <input type="checkbox"/> punch or brake presses <input type="checkbox"/> use of conveyors <input type="checkbox"/> chillers <input type="checkbox"/> compressor <input type="checkbox"/> welding <input type="checkbox"/> cutting <input type="checkbox"/> concert event <input type="checkbox"/> other:	<input type="checkbox"/> grinding <input type="checkbox"/> machining <input type="checkbox"/> routers <input type="checkbox"/> sawing <input type="checkbox"/> sparks <input type="checkbox"/> hammering <input type="checkbox"/> construction <input type="checkbox"/> lawn care work <input type="checkbox"/> operating heavy equipment  <b>Work-related exposure to:</b> <input type="checkbox"/> loud noises <input type="checkbox"/> other	<b>Work Related Hazard Controls</b>  <b>PPE:</b> <input type="checkbox"/> ear muffs <input type="checkbox"/> ear plugs <input type="checkbox"/> leather welding hood <b>Other Hazard Controls:</b> <input type="checkbox"/> Guarding, ventilation, covers <input type="checkbox"/> Tool improvements/changes, equip. improvements <input type="checkbox"/> Remove obstructions, improve housekeeping <input type="checkbox"/> Layout/design changes, storing/securing changes <input type="checkbox"/> Signage, Warnings <input type="checkbox"/> Procedure, policy, SOP <input type="checkbox"/> PM, Inspections <input type="checkbox"/> Training, retraining, specialized training