

WVU PPE Hazard Assessment Certification Form

Department: _____

Assessment conducted by: _____

Job Title: _____

Date of assessment: _____

EYES		
<p><u>Work activities, such as:</u></p> <p><input type="checkbox"/> abrasive blasting <input type="checkbox"/> sanding <input type="checkbox"/> chopping <input type="checkbox"/> sawing <input type="checkbox"/> cutting <input type="checkbox"/> grinding <input type="checkbox"/> drilling <input type="checkbox"/> hammering <input type="checkbox"/> welding <input type="checkbox"/> chipping <input type="checkbox"/> soldering <input type="checkbox"/> overhead work <input type="checkbox"/> torch brazing <input type="checkbox"/> cleaning <input type="checkbox"/> working outdoors <input type="checkbox"/> computer work <input type="checkbox"/> punch press operations <input type="checkbox"/> demolition <input type="checkbox"/> utility work <input type="checkbox"/> other:</p>	<p><u>Work-related exposure to:</u></p> <p><input type="checkbox"/> airborne dust <input type="checkbox"/> dirt <input type="checkbox"/> UV <input type="checkbox"/> flying particles/objects <input type="checkbox"/> blood splashes <input type="checkbox"/> hazardous chemicals <input type="checkbox"/> chemical splashes <input type="checkbox"/> molten metal splashes <input type="checkbox"/> glare/high intensity lights <input type="checkbox"/> laser operations <input type="checkbox"/> hot sparks <input type="checkbox"/> falling particles/objects <input type="checkbox"/> other:</p>	<p><u>Work Related Hazard Controls</u></p> <p><u>PPE:</u></p> <p><input type="checkbox"/> Safety glasses <input type="checkbox"/> Safety goggles <input type="checkbox"/> Dust-tight goggles <input type="checkbox"/> Impact goggles <input type="checkbox"/> Welding helmet/shield <input type="checkbox"/> Chemical goggles <input type="checkbox"/> Laser goggles <input type="checkbox"/> Shading/Filter (# _____) <input type="checkbox"/> Welding shield</p> <p><u>With:</u></p> <p><input type="checkbox"/> Side shields <input type="checkbox"/> Face shield <input type="checkbox"/> Shaded <input type="checkbox"/> Prescription</p> <p><u>Other Hazard Controls:</u></p> <p><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</p>
FACE		
<p><u>Work activities, such as:</u></p> <p><input type="checkbox"/> cleaning <input type="checkbox"/> foundry work <input type="checkbox"/> cooking <input type="checkbox"/> welding <input type="checkbox"/> siphoning <input type="checkbox"/> mixing <input type="checkbox"/> painting <input type="checkbox"/> pouring molten metal <input type="checkbox"/> dip tank operations <input type="checkbox"/> working outdoors <input type="checkbox"/> pouring <input type="checkbox"/> other: <input type="checkbox"/> demolition <input type="checkbox"/> utility work</p>	<p><u>Work-related exposure to:</u></p> <p><input type="checkbox"/> hazardous chemicals <input type="checkbox"/> extreme heat <input type="checkbox"/> extreme cold <input type="checkbox"/> potential irritants: <input type="checkbox"/> other:</p>	<p><u>Work Related Hazard Controls</u></p> <p><u>PPE:</u></p> <p><input type="checkbox"/> Face shield <input type="checkbox"/> Insulated clothing <input type="checkbox"/> Shading/Filter (# _____) <input type="checkbox"/> Welding shield</p> <p><u>Other Hazard Controls:</u></p> <p><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</p>

HEAD**Work activities, such as:**

- building maintenance
- confined space operations
- construction
- electrical work
- walking/working near crane loads
- utility work
- cleaning
- demolition
- working on or under catwalks, conveyors, scaffolds, or manlifts
- working outdoors
- other:

Work-related exposure to:

- beams
- pipes
- exposed electrical wiring or components
- falling objects
- fixed object
- machine parts
- repetitive motion
- extreme heat
- extreme cold
- hazardous chemicals
- other:

Work Related Hazard Controls**PPE:**

- Protective Helmet
 - Type G (<2,200 v)
 - Type E (<20,000 v)
 - Type C
 - Bump cap (not ANSI-approved)
- Hair net or soft cap
- insulated clothing
- Tyvek hood

Other Hazard Controls:

- Guarding, ventilation, covers
- Tool improvements/changes, equip. improvements
- Remove obstructions, improve housekeeping
- Layout/design changes, storing/securing changes
- Signage, Warnings
- Procedure, policy, SOP
- PM, Inspections
- Training, retraining, specialized training

HANDS/ARMS**Work activities, such as:**

- baking
- cooking
- grinding
- welding
- working with glass
- using knives
- garbage disposal
- computer operation
- demolition
- utility work
- other:
- material handling
- sanding
- sawing
- hammering
- using power tools
- working outdoors
- electrical / electronic
- cleaning

Work-related exposure to:

- blood
- hazardous chemicals
- tools or materials that could scrape, bruise, cut, or pinch
- extreme heat
- extreme cold
- animal bites
- electric shock
- vibration
- musculoskeletal disorders: Carpel Tunnel, strains, and sprains)
- sharps injury
- repetitive work
- other:

Work Related Hazard Controls**PPE:**

- Gloves (Reference MSDS)
 - Chemical resistance
 - Liquid/leak resistance
 - Temperature resistance/insulated
 - Abrasion/cut resistance
 - Slip resistance
 - Latex or nitrile
 - Anti-vibration
- Protective sleeves
- Ergonomic equipment_____

Other Hazard Controls:

- Guarding, ventilation, covers
- Tool improvements/changes, equip. improvements
- Remove obstructions, improve housekeeping
- Layout/design changes, storing/securing changes
- Signage, Warnings
- Procedure, policy, SOP
- PM, Inspections
- Training, retraining, specialized training

FEET/LEGS		
<p><u>Work activities, such as:</u></p> <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:	<p><u>Work-related exposure to:</u></p> <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:	<p><u>Work Related Hazard Controls</u></p> <p><u>PPE:</u></p> <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 <p><u>Other Hazard Controls:</u></p> <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

BODY/SKIN		
<p><u>Work activities such as:</u></p> <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:	<p><u>Work-related exposure to:</u></p> <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:	<p><u>Work Related Hazard Controls</u></p> <p><u>PPE:</u></p> <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 <p><u>Other Hazard Controls:</u></p> <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 <p><u>With:</u></p> <input type="checkbox"/> Long sleeves <input type="checkbox"/> Sunscreen

BODY/WHOLE**Work activities such as:**

- building maintenance
- construction
- sawing
- computer work
- working outdoors
- utility work
- welding
- traffic control / road work
- demolition
- cleaning
- lawn care work
- heavy equipment operation
- other:

Work-related exposure to:

- working from heights of 4 feet or more
- impact from flying objects
- impact from moving vehicles
- sharps injury
- blood
- electrical/static discharge
- hot metal
- musculoskeletal disorders (back, shoulder sprains / strains)
- sparks
- hazardous chemicals
- extreme heat
- extreme cold
- elevated walking/working surface
- working near water
- injury from slip/trip/fall
- explosive atmosphere
- vibration
- other:

Work Related Hazard Controls**PPE:**

- Fall Arrest/Restraint
- Traffic vest with reflective marks
- Static coats/overalls
- Flame resistant jacket/pants
- Insulated clothing
- Cut resistant sleeves/wristlets

With:

- Hood
- Full sleeves

Other Hazard Controls:

- Guarding, ventilation, covers
- Tool improvements/changes, equip. improvements
- Remove obstructions, improve housekeeping
- Layout/design changes, storing/securing changes
- Signage, Warnings
- Procedure, policy, SOP
- PM, Inspections
- Training, retraining, specialized training

LUNGS/RESPIRATORY**Work activities such as:**

- cleaning
 - mixing
 - painting
 - fiberglass installation
 - compressed air or gas operations
 - confined space work
 - working outdoors
 - demolition
 - welding
 - abatement
 - changing AHU filter
 - spraying
 - construction
 - other:
- pouring
 - sawing
 - dip tank operation

Work-related exposure to:

- dust or particulate
- toxic gas/vapor
- hazardous chemicals
- welding fume
- asbestos
- pesticides
- organic vapors
- oxygen deficient environment
- paint spray
- extreme heat
- extreme cold
- animal waste
- other:

Work Related Hazard Controls**PPE:**

- Disposable particulate respirator (reference MSDS)
- Replaceable filter/cartridge respirator
- Power Air Purifying Respirator PAPR (Air recycle)
- PPSA (Air supply) Respirator

With/Type:

- face shield
- acid/gas crtgd
- organic crtgd
- pesticide crtgd
- particulate
- spray paint crtgd
- half faced
- full faced
- hooded

Other Hazard Controls:

- Guarding, ventilation, covers
- Tool improvements/changes, equip. improvements
- Remove obstructions, improve housekeeping
- Layout/design changes, storing/securing changes
- Signage, Warnings
- Procedure, policy, SOP
- PM, Inspections
- Training, retraining, specialized training

EARS/HEARING**Work activities such as:**

- | | |
|---|--|
| <input type="checkbox"/> generator | <input type="checkbox"/> grinding |
| <input type="checkbox"/> ventilation fans | <input type="checkbox"/> machining |
| <input type="checkbox"/> motors | <input type="checkbox"/> routers |
| <input type="checkbox"/> sanding | <input type="checkbox"/> sawing |
| <input type="checkbox"/> pneumatic equipment | <input type="checkbox"/> sparks |
| <input type="checkbox"/> punch or brake presses | <input type="checkbox"/> hammering |
| <input type="checkbox"/> use of conveyors | <input type="checkbox"/> construction |
| <input type="checkbox"/> chillers | <input type="checkbox"/> lawn care work |
| <input type="checkbox"/> compressor | <input type="checkbox"/> operating heavy equipment |
| <input type="checkbox"/> welding | |
| <input type="checkbox"/> cutting | |
| <input type="checkbox"/> concert event | |
| <input type="checkbox"/> other: | |

Work-related exposure to:

-
- loud noises
-
-
- other

Work Related Hazard Controls**PPE:**

-
- ear muffs
-
-
- ear plugs
-
-
- leather welding hood

Other Hazard Controls:

-
- Guarding, ventilation, covers
-
-
- Tool improvements/changes, equip. improvements
-
-
- Remove obstructions, improve housekeeping
-
-
- Layout/design changes, storing/securing changes
-
-
- Signage, Warnings
-
-
- Procedure, policy, SOP
-
-
- PM, Inspections
-
-
- Training, retraining, specialized training