

PERSONAL PROTECTIVE EQUIPMENT ASSESSMENT FORM

Facility:	Assessor:
Department:	Position:
Task or Job Function:	Date of Assessment:

Section 1. Hazards (check appropriate box) Eye and Face	Yes	No	Section 2 Describe Specific Hazards	Section 3. Identify type of PPE required for hazards identified
Impact	<input type="checkbox"/>	<input type="checkbox"/>		
Penetration	<input type="checkbox"/>	<input type="checkbox"/>		
Chemical	<input type="checkbox"/>	<input type="checkbox"/>		
Burns(thermal)	<input type="checkbox"/>	<input type="checkbox"/>		
Light	<input type="checkbox"/>	<input type="checkbox"/>		
Other	<input type="checkbox"/>	<input type="checkbox"/>		

Section 1. Hazards (check appropriate box) Head	Yes	No	Section 2 Describe Specific Hazards	Section 3. Identify type of PPE required for hazards identified
Impact	<input type="checkbox"/>	<input type="checkbox"/>		
Penetration	<input type="checkbox"/>	<input type="checkbox"/>		
Shock	<input type="checkbox"/>	<input type="checkbox"/>		
Other	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		

Section 1. Hazards (check appropriate box) Foot	Yes	No	Section 2 Describe Specific Hazards	Section 3. Identify type of PPE required for hazards identified
Impact	<input type="checkbox"/>	<input type="checkbox"/>		
Penetration	<input type="checkbox"/>	<input type="checkbox"/>		
Chemical	<input type="checkbox"/>	<input type="checkbox"/>		
Heat	<input type="checkbox"/>	<input type="checkbox"/>		
Compression	<input type="checkbox"/>	<input type="checkbox"/>		
Other	<input type="checkbox"/>	<input type="checkbox"/>		

Section 1. Hazards (check appropriate box) Hand Hazard	Yes	No	Section 2 Describe Specific Hazards	Section 3. Identify type of PPE required for hazards identified
Impact	<input type="checkbox"/>	<input type="checkbox"/>		
Penetration	<input type="checkbox"/>	<input type="checkbox"/>		
Chemical	<input type="checkbox"/>	<input type="checkbox"/>		
Temperature	<input type="checkbox"/>	<input type="checkbox"/>		
Light	<input type="checkbox"/>	<input type="checkbox"/>		
other	<input type="checkbox"/>	<input type="checkbox"/>		