

<b>Personal Protective Equipment Assessment Worksheet</b>			
Employer:		Location:	
Workplace/Department Assessed/Evaluated:			Date:
Hazard(s) Assessed/Evaluated By:			
<b>Topic Description</b>	<b>Yes</b>	<b>No</b>	<b>Required Personal Protective Equipment</b>
<b>Eye Hazards</b>			
Frontal and side impact			
Electrical arc			
Molten metal			
Chemical splash			
Injurious light/heat radiation			
Suspended particles			
Extreme hot/cold splash			
Other			
<b>Face Hazards</b>			
Projectile impact			
Chemical splash			
Hot/cold splash			
Electrical arc			
Injurious heat radiation			
Other			

<b>Personal Protective Equipment Assessment Worksheet</b> <i>(continued)</i>			
<b>Topic Description</b>	<b>Yes</b>	<b>No</b>	<b>Required Personal Protective Equipment</b>
<b>Foot Hazards</b>			
Falling objects			
Rolling objects			
Electrical contact			
Sole puncture			
Other			
<b>Hand Hazards</b>			
Skin absorption			
Severe abrasions			
Severe lacerations			
Chemical burns			
Thermal burns			
Extreme cold			
Puncture			
Other			
<b>Head Hazards</b>			
Bump contact			
Overhead falling objects			
Side flying projectiles			
Electrical contact			

<b>Personal Protective Equipment Assessment Worksheet</b> <i>(continued)</i>			
<b>Topic Description</b>	<b>Yes</b>	<b>No</b>	<b>Required Personal Protective Equipment</b>
Hoods			
Hair enclosures			
Other			
<b>Special Electrical Hazards</b>			
Insulating blanket			
Hood			
Line hose			
Barrier			
Matting			
Cover			
Gloves			
Sleeves			
Other			
<b>Fall Hazards</b>			
Safety belts			
Lanyards			
Safety harness			
Lifelines			
Other			