

APPENDIX A – PPE Hazard Assessment Form

UNC Charlotte PPE Hazard Assessment Form



Instructions:






Step 1: Complete the department name, supervisor name, date and “I am assessing” sections.

Step 2: Conduct a walkthrough of area to observe the job task / location.

Step 3: Check mark the hazard type, control and personal protective equipment (PPE).

Step 4: Sign and date the completed form and submit to the Environmental Health and Safety Office at 704-687-1111 or ehsoffice@charlotte.edu as soon as possible.

Department Name:		Supervisor Name:		Date:
I am assessing:	<input type="checkbox"/> An employee's job task	Name of Employee:		
		Working Title of Position:		
		Job Task:		
	<input type="checkbox"/> Worksite	Location:		
Exposed Body Part	Hazard Type (s)	Control (s)	Personal Protective Equipment (PPE) Selection	
Eye/Face 	<input type="checkbox"/> Falling/Flying objects <input type="checkbox"/> Molten metal <input type="checkbox"/> Mists, gases, vapors, dust <input type="checkbox"/> Extreme heat/cold <input type="checkbox"/> Chemical <input type="checkbox"/> Radiation – laser, ultraviolet, etc. <input type="checkbox"/> Biological – body fluids <input type="checkbox"/> Other	<input type="checkbox"/> Eliminate/remove the hazard <input type="checkbox"/> Substitute/replace the hazard <input type="checkbox"/> Engineer out the hazard <input type="checkbox"/> Adjust time around hazard <input type="checkbox"/> Protect employees with PPE	<input type="checkbox"/> Safety glasses w/ side shields <input type="checkbox"/> Goggles <input type="checkbox"/> Filter lenses – shade: _____ (2-14) <input type="checkbox"/> Laser goggles – OD: _____ (5-8) <input type="checkbox"/> Face shield <input type="checkbox"/> Welding helmet <input type="checkbox"/> Arc-rated face shield <input type="checkbox"/> Other	
Hand/Arm 	<input type="checkbox"/> Sharp objects <input type="checkbox"/> Chemical <input type="checkbox"/> Mists, gases, vapors, dusts <input type="checkbox"/> Radiation - laser, ultraviolet, etc. <input type="checkbox"/> Biological – body fluid <input type="checkbox"/> Extreme heat/cold <input type="checkbox"/> Electrical shock and/or arc flash <input type="checkbox"/> Other	<input type="checkbox"/> Eliminate/remove the hazard <input type="checkbox"/> Substitute/replace the hazard <input type="checkbox"/> Engineer out the hazard <input type="checkbox"/> Adjust time around hazard <input type="checkbox"/> Protect employees with PPE	<input type="checkbox"/> Chemical/Liquid resistant gloves <input type="checkbox"/> Temperature resistant gloves <input type="checkbox"/> Abrasion/Cut/Puncture resistant <input type="checkbox"/> Slip resistant gloves <input type="checkbox"/> Non-conductive gloves <input type="checkbox"/> Non-conductive sleeves <input type="checkbox"/> Other	

Respiratory System 	<input type="checkbox"/> Chemical <input type="checkbox"/> Mists, gases, vapors, dust <input type="checkbox"/> Biological <input type="checkbox"/> Radiation - laser, ultraviolet, etc. <input type="checkbox"/> Other	<input type="checkbox"/> Eliminate/remove the hazard <input type="checkbox"/> Substitute/replace the hazard <input type="checkbox"/> Engineer out the hazard <input type="checkbox"/> Adjust time around hazard <input type="checkbox"/> Protect employees with PPE	<input type="checkbox"/> Dust mask <input type="checkbox"/> N95-N99 respirator <input type="checkbox"/> Half-face respirator <input type="checkbox"/> Full-face respirator <input type="checkbox"/> Powered-air purifying respirator <input type="checkbox"/> Other
Hearing 	<input type="checkbox"/> Excessive noise <input type="checkbox"/> Chemical <input type="checkbox"/> Other	<input type="checkbox"/> Eliminate/remove the hazard <input type="checkbox"/> Substitute/replace the hazard <input type="checkbox"/> Engineer out the hazard <input type="checkbox"/> Adjust time around hazard <input type="checkbox"/> Protect employees with PPE	<input type="checkbox"/> Ear plugs <input type="checkbox"/> Ear muffs <input type="checkbox"/> Other
Head 	<input type="checkbox"/> Falling objects <input type="checkbox"/> Electrical shock/arc flash <input type="checkbox"/> Bumping against fixed objects <input type="checkbox"/> Other	<input type="checkbox"/> Eliminate/remove the hazard <input type="checkbox"/> Substitute/replace the hazard <input type="checkbox"/> Engineer out the hazard <input type="checkbox"/> Adjust time around hazard <input type="checkbox"/> Protect employees with PPE	<input type="checkbox"/> Hard hat <input type="checkbox"/> Bump hat <input type="checkbox"/> Other
Foot/Leg 	<input type="checkbox"/> Falling/Rolling objects <input type="checkbox"/> Punctures <input type="checkbox"/> Chemical <input type="checkbox"/> Extreme heat/cold <input type="checkbox"/> Electrical shock <input type="checkbox"/> Other	<input type="checkbox"/> Eliminate/remove the hazard <input type="checkbox"/> Substitute/replace the hazard <input type="checkbox"/> Engineer out the hazard <input type="checkbox"/> Adjust time around hazard <input type="checkbox"/> Protect employees with PPE	<input type="checkbox"/> Steel toe shoes / covers <input type="checkbox"/> Non-conductive safety shoes <input type="checkbox"/> Toe/Metatarsal guards <input type="checkbox"/> Water resistance <input type="checkbox"/> Heavy duty leather shoes <input type="checkbox"/> Other
Body 	<input type="checkbox"/> Chemical <input type="checkbox"/> Mists, gases, vapors, dusts <input type="checkbox"/> Extreme heat/cold <input type="checkbox"/> Electrical shock/arc flash <input type="checkbox"/> Radiation - laser, ultraviolet, etc. <input type="checkbox"/> Biological – body fluid <input type="checkbox"/> Other	<input type="checkbox"/> Eliminate/remove the hazard <input type="checkbox"/> Substitute/replace the hazard <input type="checkbox"/> Engineer out the hazard <input type="checkbox"/> Adjust time around hazard <input type="checkbox"/> Protect employees with PPE	<input type="checkbox"/> Apron/gowns <input type="checkbox"/> Coverall <input type="checkbox"/> Vest <input type="checkbox"/> Lab coat <input type="checkbox"/> Full-body suit <input type="checkbox"/> Arc flash Category 1-4 <input type="checkbox"/> Other

Notes:

Certification of PPE Hazard Assessment

Print Name:	Signature:	Date:
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