

Your Company

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CCB# XXXXXX

PPE Assessment & Certification Worksheet

Assessment conducted by: _____ Date: _____

Site or Task: _____

**Assess area/task for hazards using the following parameters: 1) type, probability, severity of possible injury or illness; 2) sources of: motion, high temperatures, chemical exposure, harmful atmospheres, falling objects, sharp objects, electricity, light radiation, etc.*

Impact by: ___ materials ___ equipment ___ objects ___ co-workers ___ other (describe) _____
PPE Required: (head, eye, foot, etc.) _____

Contact with: ___ electricity ___ moving objects ___ sharp objects ___ other (describe) _____
PPE Required: (head, hand, foot, etc.) _____

Fall: ___ from elevation ___ to surface ___ slipping ___ tripping ___ other (describe) _____
PPE Required: (fall arrest, fall restraint, etc.) _____

Caught in, under, between: ___ moving objects ___ equipment ___ rolling vehicle ___ collapsing materials
___ other (describe) _____
PPE Required: (hand, foot, etc.) _____

Over-exposure: ___ noise ___ heat ___ cold ___ temperature variation ___ radiation
PPE Required: (head, eye, foot, etc.) _____

Ingestion or inhalation of: ___ hot ___ cold ___ acids ___ bases ___ caustics ___ poisons ___ dust ___ mists
___ vapors ___ gasses ___ fibers ___ other (describe) _____
PPE Required: (respiratory, face, etc.) _____

Absorption of: ___ acids ___ bases ___ caustics ___ poisons ___ hazardous chemicals ___ other (describe)
PPE Required: (hand, face, eye, clothing, etc.) _____

Skin contact with: ___ hot liquids ___ molten metal ___ sparks ___ acids ___ poison ___ caustics
PPE Required: (hand, foot, face, eye, clothing, etc.) _____

I certify that I have conducted a workplace assessment on the above site/task to assess the need for personal protective equipment. The PPE noted will be required when working at this site and/or performing this task.

Signature

Date

Your Address