

Personal Protective Equipment (PPE) Hazard Assessment Survey and Analysis

Based on the hierarchy of controls, PPE is a last resort. Personal protective equipment alone should **not** be relied upon to provide protection against hazards but should be used in conjunction with engineering controls, administrative controls, and procedural controls.

This document addresses eye, face, head, hand, foot, torso, respiratory, noise, and fall protection. It will serve as the Personal Protective Equipment (PPE) Certification document required to satisfy the federal requirements of the Occupational Safety and Health Administration (OSHA) Standard, 29 CFR 1910.132 Subpart I - Personal Protective Equipment.

INSTRUCTIONS:

Step 1: Inform affected employees of the process.

Affected employees from each work area that is being assessed should be involved in the process. Discuss the reasons for the survey and the procedures being used for the assessment. Review the job procedures, potential hazards, and the PPE currently in use.

Step 2: Review data.

Reports of work-related injuries or illnesses, near-miss events and reported safety concerns are sources of data that can provide helpful information for assessing hazards.

Step 3: Conduct a walk-through survey.

The purpose of the survey is to identify sources of hazards to personnel. Observe the following: layout of the workplace, location of personnel, work operations, hazards and places where PPE is currently used including the device and reason for use. Using the form, check the type of hazard(s) present within each section (organized by body part). Further descriptions can be provided in the adjacent box. Consideration should be given to the following basic hazard categories:

1. Impact (falling/flying objects)
2. Penetration (sharp objects piercing foot/hand)
3. Compression (roll-over or pinching objects)
4. Chemical exposure (inhalation, ingestion, skin contact, eye contact or injection)
5. Temperature extremes (heat/cold)
6. Dust/flying debris (grinding, chipping, sanding, etc.)
7. Fall (slip/trip, scaffolds, elevated work)
8. Radiation (non-ionizing: UV/IR/light, welding, brazing, cutting, furnaces, etc.)
9. Noise (mechanical rooms, machines, cage washing, jackhammers, etc.)
10. Electrical (shock, short circuit, arcing, static)

Step 4: Select PPE.

After considering and/or planning for other controls, coordinate with supervisors to select the PPE which provides at least the minimum level of protection required to protect employees from the hazards. Using the form, note the appropriate PPE in the required PPE box. For help with proper PPE selection, contact your installation Safety Office or MTF Industrial Hygienist.

Step 5: Make document available.





Once completed, signed and dated, store this form either electronically or as a hard copy in your safety program management binder.

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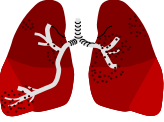


Command & Unit: _____ Location: _____

Employees Name: _____ MOS / Job Series: _____

Operation/Process: _____

Part of Body	Hazard	Required PPE (Check all that apply)	Notes
<p>Hands</p> 	<ul style="list-style-type: none"> <input type="checkbox"/> Penetration – sharp objects <input type="checkbox"/> Penetration – animal bites <input type="checkbox"/> Penetration – rough objects <input type="checkbox"/> Chemical(s) _____ <input type="checkbox"/> Extreme cold <input type="checkbox"/> Extreme heat <input type="checkbox"/> Blood <input type="checkbox"/> Electrical shock <input type="checkbox"/> Vibration – power tools <input type="checkbox"/> Other _____ 	<ul style="list-style-type: none"> <input type="checkbox"/> Leather/cut resistant gloves <input type="checkbox"/> General purpose work gloves <input type="checkbox"/> Chemical resistant gloves; <ul style="list-style-type: none"> <input type="checkbox"/> Type _____ <input type="checkbox"/> Heat/flame resistant gloves <input type="checkbox"/> Latex or nitrile gloves <input type="checkbox"/> Insulated gloves <input type="checkbox"/> Insulated rubber gloves; <ul style="list-style-type: none"> <input type="checkbox"/> Type _____ <input type="checkbox"/> Cotton, leather or anti-vibration gloves <input type="checkbox"/> Other _____ 	
<p>Head</p> 	<ul style="list-style-type: none"> <input type="checkbox"/> Struck by falling object <input type="checkbox"/> Struck against fixed object <input type="checkbox"/> Electrical-contact with exposed wires/conductors <input type="checkbox"/> Other _____ 	<ul style="list-style-type: none"> <input type="checkbox"/> Hard hat/cap <ul style="list-style-type: none"> <input type="checkbox"/> Class E <input type="checkbox"/> Class G <input type="checkbox"/> Class C <input type="checkbox"/> Other _____ 	
<p>Eyes and Face</p> 	<ul style="list-style-type: none"> <input type="checkbox"/> Impact-flying objects, chips, sand or dirt <input type="checkbox"/> Nuisance dust <input type="checkbox"/> UV light-welding, cutting, torch brazing or soldering <input type="checkbox"/> Chemical-splashing liquid <input type="checkbox"/> Chemical-irritating mists <input type="checkbox"/> Hot sparks-grinding <input type="checkbox"/> Splashing molten metal <input type="checkbox"/> Glare/High Intensity lights <input type="checkbox"/> Laser operations <input type="checkbox"/> Other _____ 	<ul style="list-style-type: none"> <input type="checkbox"/> Safety glasses w/side shields <input type="checkbox"/> Glasses/goggles w/face shield <input type="checkbox"/> Impact goggles <input type="checkbox"/> Welding goggles <input type="checkbox"/> Welding helmet/shield w/safety glasses & side shields <input type="checkbox"/> Chemical goggles/ face shield <input type="checkbox"/> Chemical splash goggles <input type="checkbox"/> Safety glasses w/side shields <input type="checkbox"/> Glasses/goggles w/face shield <input type="checkbox"/> Safety goggles w/face shield <input type="checkbox"/> Shaded safety glasses <input type="checkbox"/> Laser spectacles or goggles <input type="checkbox"/> Other _____ 	
<p>Ears</p> 	<ul style="list-style-type: none"> <input type="checkbox"/> Exposure to noise levels (> 84 dBA 8-hour TWA) <input type="checkbox"/> Exposure to sparks <input type="checkbox"/> Other _____ 	<ul style="list-style-type: none"> <input type="checkbox"/> Ear muffs, plugs or ear caps <input type="checkbox"/> Leather welding hood <input type="checkbox"/> Other _____ 	

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Part of Body	Hazard	Required PPE (Check all that apply)	Notes
<p>Respiratory System</p> 	<ul style="list-style-type: none"> <input type="checkbox"/> Nuisance dust/mist <input type="checkbox"/> Welding fumes <input type="checkbox"/> Asbestos <input type="checkbox"/> Pesticides <input type="checkbox"/> Paint spray <input type="checkbox"/> Organic vapors <input type="checkbox"/> Acid gases <input type="checkbox"/> Oxygen deficient/toxic or IDLH atmosphere <input type="checkbox"/> Other _____ 	<ul style="list-style-type: none"> <input type="checkbox"/> Disposable dust/mist mask <input type="checkbox"/> Welding respirator <input type="checkbox"/> Respirator w/HEPA filter <input type="checkbox"/> Respirator w/pesticide cartridges <input type="checkbox"/> Respirator w/paint spray cartridges <input type="checkbox"/> Respirator w/organic cartridges <input type="checkbox"/> Respirator w/acid gas cartridges <input type="checkbox"/> SCBA or Type C airline respirator <input type="checkbox"/> Other _____ 	
<p>Feet</p> 	<ul style="list-style-type: none"> <input type="checkbox"/> Impact-heavy objects <input type="checkbox"/> Compression-rolling or pinching objects/vehicles <input type="checkbox"/> Slippery or wet surface <input type="checkbox"/> Penetration-sharp objects <input type="checkbox"/> Penetration-chemical <input type="checkbox"/> Splashing-chemical <input type="checkbox"/> Exposure to extreme cold <input type="checkbox"/> Other _____ 	<ul style="list-style-type: none"> <input type="checkbox"/> Steel toe safety shoes <input type="checkbox"/> Leather boots or safety shoes w/metatarsal guards <input type="checkbox"/> Slip resistant soles <input type="checkbox"/> Puncture resistant soles <input type="checkbox"/> Chemical resistant boots/covers <input type="checkbox"/> Rubber boots/closed top shoes <input type="checkbox"/> Insulated boots or shoes <input type="checkbox"/> Other _____ 	
<p>Body</p> 	<ul style="list-style-type: none"> <input type="checkbox"/> Impact – flying objects <input type="checkbox"/> Moving vehicles <input type="checkbox"/> Puncture – sharp objects <input type="checkbox"/> Electrical – static discharge <input type="checkbox"/> Hot metal or sparks <input type="checkbox"/> Chemical(s) _____ <input type="checkbox"/> Exposure to extreme cold <input type="checkbox"/> Unprotected elevated walking/working surface <input type="checkbox"/> Other _____ 	<ul style="list-style-type: none"> <input type="checkbox"/> Long sleeves/ apron/ coat <input type="checkbox"/> Traffic vest <input type="checkbox"/> Cut-resistant sleeves, wristlets <input type="checkbox"/> Static control coats/coveralls <input type="checkbox"/> Flame-resistant jacket/ pants <input type="checkbox"/> Lab coat or apron/sleeves <input type="checkbox"/> Insulated jacket, hood <input type="checkbox"/> Body harness and lanyard <input type="checkbox"/> Other _____ 	

Person performing assessment: _____ Title: _____

CERTIFICATION: I certify that the above Hazard Assessment was performed to the best of my knowledge and ability, based on the hazards present on this date.

Print/Signed: _____ Date: _____

File Copy in Safety Program Management Binder