

PERSONAL PROTECTIVE EQUIPMENT (PPE) ASSESSMENT

Activity Name: _____

Activity Number: _____

SECTION 1: Selection of PPE

Select type of PPE needed by the above referenced employee or job title.

Eye and Face Protection

Safety Glasses
 Safety Goggles
 Face Shield
 Filtered (light radiation)
 N/A

Comments: _____

Head Protection

General Services Hard Hat (Class A)
 Utility Service High Voltage Hard Hat (Class B)
 Other
 N/A

Comments: _____

Hand Protection

Chemical Resistant Gloves
 Abrasion Resistant Gloves
 Gloves for Hot/Cold Extremes
 N/A

Comments: _____

Foot Protection

Steel-toed shoes
 Metatarsal Protectors
 Chemical Resistant
 N/A

Comments: _____

Respiratory Protection

Dust Mask
 Half Face
 Full Face
 PAPR/SAR
 Other
 N/A

Comments: _____

Hearing Protection

Ear Plugs
 Ear Muffs
 N/A

Comments: _____

Torso Protection

Welding Jacket
 Welding Apron
 Chemical Apron
 Cotton Coveralls
 Tyvek Coveralls
 N/A

Comments: _____

SECTION 2 (Optional):

This section is intended to be used to assist in the evaluation of hazards and the selection of PPE. The list is not meant to be all-inclusive.

Generic Job Categories

As you answer the following question, keep in mind the employee’s specific job tasks.

Yes	No		PPE to Consider
<input type="checkbox"/>	<input type="checkbox"/>	Work in a chemist laboratory?	Hand, Eye/Face, Respiratory, Torso
<input type="checkbox"/>	<input type="checkbox"/>	Work in a machine shop?	Hand, Eye/Face, Foot, Respiratory, Hearing
<input type="checkbox"/>	<input type="checkbox"/>	Duties include construction?	Hand, Eye/Face, Foot, Head, Respiratory, Hearing
<input type="checkbox"/>	<input type="checkbox"/>	Duties include painting?	Hand, Eye/Face, Foot, Respiratory
<input type="checkbox"/>	<input type="checkbox"/>	Work with Lasers?	Filtered Eye/Face when performing alignment.
<input type="checkbox"/>	<input type="checkbox"/>	Building Maintenance?	Hand, Eye/Face, Foot, Respiratory, Hearing
<input type="checkbox"/>	<input type="checkbox"/>	Custodian?	Hand, Eye/Face, Foot
<input type="checkbox"/>	<input type="checkbox"/>	Work with cryogenics (i.e., liquid nitrogen/ helium)	Insulated Hand Protection Eye/Face.

Job Tasks and/or Materials Handling

Answer “Yes” to each item that is handled, operated worked in, or performed by the employee.

Yes	No		PPE to Consider
<input type="checkbox"/>	<input type="checkbox"/>	Works in a noisy environment (>85 dBA, 8 hours continuously)?	Hearing
<input type="checkbox"/>	<input type="checkbox"/>	Exposed to radiation?	Hand, Eye/Face, Torso
<input type="checkbox"/>	<input type="checkbox"/>	Operates a welder or cutter?	Hand, Eye/Face, Foot, Torso, Resp.
<input type="checkbox"/>	<input type="checkbox"/>	Works with hazardous chemicals?	Hand, Eye/Face, Torso Respiratory
<input type="checkbox"/>	<input type="checkbox"/>	Operates power hand tools (drills, saws, jack-hammers)?	Hand, Eye/Face, Foot, Respiratory
<input type="checkbox"/>	<input type="checkbox"/>	Works with or potentially exposed to human blood/tissues/fluids?	Hand, Eye/Face
<input type="checkbox"/>	<input type="checkbox"/>	Operates or works around an overhead crane?	Head
<input type="checkbox"/>	<input type="checkbox"/>	Duties include woodworking?	Hand, Eye/Face,
<input type="checkbox"/>	<input type="checkbox"/>	Exposed to pinching/cutting/abrasion hazards?	Hand, Foot
<input type="checkbox"/>	<input type="checkbox"/>	Exposed or potentially exposed to airborne dust, chemical vapors or gases?	Eye/Face, Respiratory
<input type="checkbox"/>	<input type="checkbox"/>	Exposed to Hot/Cold temperature extremes?	Hand, Eye/Face