

## 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?	<b>Hand, Eye/Face, Respiratory, Torso</b>
<input type="checkbox"/>	<input type="checkbox"/>	Work in a machine shop?	<b>Hand, Eye/Face, Foot, Respiratory, Hearing</b>
<input type="checkbox"/>	<input type="checkbox"/>	Duties include construction?	<b>Hand, Eye/Face, Foot, Head, Respiratory, Hearing</b>
<input type="checkbox"/>	<input type="checkbox"/>	Duties include painting?	<b>Hand, Eye/Face, Foot, Respiratory</b>
<input type="checkbox"/>	<input type="checkbox"/>	Work with Lasers?	<b>Filtered Eye/Face when performing alignment.</b>
<input type="checkbox"/>	<input type="checkbox"/>	Building Maintenance?	<b>Hand, Eye/Face, Foot, Respiratory, Hearing</b>
<input type="checkbox"/>	<input type="checkbox"/>	Custodian?	<b>Hand, Eye/Face, Foot</b>
<input type="checkbox"/>	<input type="checkbox"/>	Maintain university groups (e.g. groundskeeper)?	<b>Hand, Eye/Face, Foot, Hearing</b>
<input type="checkbox"/>	<input type="checkbox"/>	Work with cryogenics (i.e., liquid nitrogen/helium)	<b>Insulated Hand Protection Eye/Face,</b>

**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)?	<b>Hearing</b>
<input type="checkbox"/>	<input type="checkbox"/>	Exposed to radiation?	<b>Hand, Eye/Face, Torso</b>
<input type="checkbox"/>	<input type="checkbox"/>	Operates a welder or cutter?	<b>Hand, Eye/Face, Foot, Torso, Resp.</b>
<input type="checkbox"/>	<input type="checkbox"/>	Works with hazardous chemicals?	<b>Hand, Eye/Face, Torso Respiratory</b>
<input type="checkbox"/>	<input type="checkbox"/>	Operates power hand tools (drills, saws, jack-hammers)?	<b>Hand, Eye/Face, Foot, Respiratory</b>
<input type="checkbox"/>	<input type="checkbox"/>	Works with or potentially exposed to human blood/tissues/fluids?	<b>Hand, Eye/Face</b>
<input type="checkbox"/>	<input type="checkbox"/>	Operates or works around an overhead crane?	<b>Head</b>
<input type="checkbox"/>	<input type="checkbox"/>	Works with pesticides or herbicides?	<b>Hand, Eye/Face, Respiratory</b>
<input type="checkbox"/>	<input type="checkbox"/>	Duties include woodworking?	<b>Hand, Eye/Face</b>
<input type="checkbox"/>	<input type="checkbox"/>	Exposed or potentially exposed to airborne dust, chemical vapors or gases?	<b>Eye/Face, Respiratory</b>
<input type="checkbox"/>	<input type="checkbox"/>	Required to render First Aid as part of the defined job responsibilities?	<b>Hand, Eye/Face</b>
<input type="checkbox"/>	<input type="checkbox"/>	Exposed to Hot/Cold temperature extremes?	<b>Hand, Eye/Face, Torso</b>
<input type="checkbox"/>	<input type="checkbox"/>	Exposed to pinching/cutting/abrasion hazards?	<b>Hand, Foot</b>