Determining the Need for Personal Protective Equipment

Job or Task: Date:

*NOTE: This document is designed to assist you in determining when personal protective equipment may be necessary. It is not a Certification of Hazard Assessment as required in 1910.132(d)(2).*

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| EYES |
| *Suggested Questions* | *Typical Operations of Concern* | **Y** | **N** |
| Do employees perform tasks, or work near employees who perform tasks, that might produce airborne dust or flying particles? | Sawing, cutting, drilling, sanding, grinding, hammering, chopping, abrasive blasting, operating punch press, etc. |  |  |
| Do employees handle, or work near employees who handle, hazardous liquid chemicals or encounter blood splashes? | Pouring, mixing, painting, cleaning, siphoning, dip tank operations, dental and health care services, etc. |  |  |
| Are employees’ eyes exposed to other potential physical or chemical irritants? | Battery charging, installing fiberglass insulation, compressed air or gas operations, etc. |  |  |
| Are employees exposed to intense light or lasers? | Welding, cutting, laser operations, etc. |  |  |

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| FACE |
| ***Suggested Questions*** | ***Typical Operations of Concern*** | **Y** | **N** |
| Do employees handle, or work near employees who handle, hazardous liquid chemicals? | Pouring, mixing, painting, cleaning, siphoning, dip tank operations, etc. |  |  |
| Are employees’ faces exposed to other potential irritants? | Welding, pouring molten metal, smiting, baking, cooking, drying, etc. |  |  |
| Are employees’ faces exposed to other potential irritants? | Cutting, sanding, grinding, hammering, chopping, pouring, mixing, painting, cleaning, siphoning, etc. |  |  |

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| HEAD |
| ***Suggested Questions*** | ***Typical Operations of Concern*** | **Y** | **N** |
| Might tools or other objects fall from above and strike employees on the head? | Workstations or traffic routes located under catwalks or conveyor belts, construction, trenching, utility work, etc. |  |  |
| Are employees’ heads, when they stand or bend, near exposed beams, machine parts, pipes, etc.? | Construction, confined space operations, building maintenance, etc. |  |  |

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| FEET |
| ***Suggested Questions*** | ***Typical Operations of Concern*** | **Y** | **N** |
| Might tools, heavy equipment, or other objects roll, fall onto, or strike employees’ feet? | Construction, plumbing, smithing, building maintenance, trenching, utility work, grass cutting, etc. |  |  |
| Are employees subject to walking on sharp objects? | Construction, machine shop operations, building maintenance utility work, material handling, etc. |  |  |
| Do employees work with or near exposed electrical wiring components? | Building maintenance; utility work; construction; wiring; work on or near communications, computer, or other high-tech equipment; arc or resistance welding, etc. |  |  |
| Do employees handle, or work near employees who handle, molten metal? | Welding, foundry work, casting, smithing, etc. |  |  |
| Do employees work with explosives or in explosive atmospheres? | Demolition, explosives manufacturing, grain milling, spray painting, abrasive blasting, work with highly flammable materials, etc. |  |  |

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| HANDS |
| *Suggested Questions* | *Typical Operations of Concern* | Y | N |
| Do employees’ hands come in contact with tools or materials that might scrape, bruise, or cut? | Grinding, sanding, sawing, hammering, material handling, etc. |  |  |
| Do employees handle chemicals that might irritate skin, or come in contact with blood? | Pouring, mixing, painting, cleaning, siphoning, dip tank operations, health care and dental services, etc. |  |  |
| Do work procedures require employees to place their hands and arms near extreme heat? | Welding, pouring molten metal, smithing, baking, cooking, drying, etc. |  |  |
| Are employees’ hands and arms placed near exposed electrical wiring or components? | Building maintenance; utility work; construction; wiring; work on or near communications, computer, or other high-tech equipment; arc or resistance welding; etc. |  |  |

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| BODY |
| *Suggested Questions* | *Typical Operations of Concern* | Y | N |
| Are employees’ bodies exposed to irritating dust or chemical splashes? | Pouring, mixing, painting, cleaning, siphoning, dip tank operations, machining, sawing, battery charging, installing fiberglass insulation, compressed air or gas operations, etc. |  |  |
| Are employees’ bodies exposed to sharp or rough surfaces? | Cutting, grinding, sanding, sawing, glazing, material handling, etc. |  |  |
| Are employees’ bodies exposed to extreme heat? | Welding, pouring molten metal, smithing, baking, cooking, drying, etc. |  |  |
| Are employees’ bodies exposed to acids or other hazardous substances? | Pouring, mixing, painting, cleaning, siphoning, dip tank operations, etc. |  |  |

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| HEARING |
| *Suggested Questions* | *Typical Operations of Concern* | Y | N |
| Are employees exposed to loud noise from machines, tools, music systems, etc.? | Machining, grinding, sanding, work near conveyors, pneumatic equipment, generators, ventilation fans, motors, punch and brake presses, etc. |  |  |

Performed By:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_