

EMPLOYEE HAZARD ASSESSMENT FORM

Department: _____

Date: _____

Completed by: _____

<input type="checkbox"/> A worksite / lab	Specify location:	
<input type="checkbox"/> An employees job description	Name of employee:	_____
	Working title of position:	_____
	Position Number:	_____
<input type="checkbox"/> The job title for a class of employees	Working title of positions:	_____
	Position Number(s):	_____

EYE/FACE HAZARDS (Appendix A).

Check the box for each hazard:	Description of hazard(s):	Controls in place:	Identify required PPE:
<input type="checkbox"/> Chemical Exposure	Yes <input type="checkbox"/>	<input type="checkbox"/> Work in fume hoods	<input type="checkbox"/> Safety glasses
<input type="checkbox"/> High Heat/Cold	Yes <input type="checkbox"/>	<input type="checkbox"/> Enclosure/guarding	<input type="checkbox"/> Safety goggles
<input type="checkbox"/> Dust or Flying Debris	Yes <input type="checkbox"/>	<input type="checkbox"/> Shielding (bystanders)	<input type="checkbox"/> Face shield
<input type="checkbox"/> Impact	Yes <input type="checkbox"/>	<input type="checkbox"/> Safe Work Practices	<input type="checkbox"/> Welding helmet
<input type="checkbox"/> UV Light	Yes <input type="checkbox"/>	<input type="checkbox"/> Dust collection system	<input type="checkbox"/> Cutting goggles
<input type="checkbox"/> Radiation	Yes <input type="checkbox"/>	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____

HEAD HAZARDS (Appendix B).

Check the box for each hazard:	Description of hazard(s):	Controls in place:	Identify required PPE:
<input type="checkbox"/> Impact	Yes <input type="checkbox"/>	<input type="checkbox"/> Canopy	<input type="checkbox"/> Class G hard hat
<input type="checkbox"/> Electrical Shock	Yes <input type="checkbox"/>	<input type="checkbox"/> De-energization	<input type="checkbox"/> Class E hard hat
<input type="checkbox"/> Entanglement	Yes <input type="checkbox"/>	<input type="checkbox"/> Hair secured	<input type="checkbox"/> Class C hard hat
<input type="checkbox"/> Other:	Yes <input type="checkbox"/>	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Bump cap/welding cap

FOOT/LEG HAZARDS (Appendix C)

Check the box for each hazard:	Description of hazard(s):	Controls in place:	Identify required PPE:
<input type="checkbox"/> Chemical Exposure	Yes <input type="checkbox"/>	<input type="checkbox"/> Substitution	<input type="checkbox"/> Work boots
<input type="checkbox"/> High Heat/Cold	Yes <input type="checkbox"/>	<input type="checkbox"/> Mechanical device used	<input type="checkbox"/> Steel-toed shoes/boots
<input type="checkbox"/> Impact/Compression	Yes <input type="checkbox"/>	<input type="checkbox"/> Housekeeping	<input type="checkbox"/> Slip-resistant shoes
<input type="checkbox"/> Puncture	Yes <input type="checkbox"/>	<input type="checkbox"/> Isolation/grounding	<input type="checkbox"/> Puncture-resistant shoes
<input type="checkbox"/> Explosive/Flam. atmos.	Yes <input type="checkbox"/>	<input type="checkbox"/> Safe Work Practices	<input type="checkbox"/> Non-conductive
<input type="checkbox"/> Slippery/Wet Surfaces	Yes <input type="checkbox"/>	<input type="checkbox"/> Appropriate clothing	<input type="checkbox"/> Metatarsal protection
<input type="checkbox"/> Electrical	Yes <input type="checkbox"/>	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Shin guards
<input type="checkbox"/> Other:	Yes <input type="checkbox"/>	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____

HAND/ARM HAZARDS (Appendix D)

Check the box for each hazard:	Description of hazard(s):	Controls in place:	Identify required PPE:
<input type="checkbox"/>	Chemical Exposure	<input type="checkbox"/> Substitution	<input type="checkbox"/> Chemical-resistant gloves
<input type="checkbox"/>	High Heat or Cold	<input type="checkbox"/> De-energization	<input type="checkbox"/> Thermal-protective gloves
<input type="checkbox"/>	Cuts or Abrasion	<input type="checkbox"/> Elimination	<input type="checkbox"/> Cut-resistant gloves
<input type="checkbox"/>	Puncture	<input type="checkbox"/> Avoidance	<input type="checkbox"/> Leather gloves
<input type="checkbox"/>	Electrical Shock	<input type="checkbox"/> Other:	<input type="checkbox"/> Voltage-rated-Class:
<input type="checkbox"/>	Radiation	<input type="checkbox"/> Other:	<input type="checkbox"/> Latex/nylon exam gloves
<input type="checkbox"/>	Vibration/grip	<input type="checkbox"/> Other:	<input type="checkbox"/> Anti-vibration gloves
<input type="checkbox"/>	Bloodborne Pathogens		

BODY/TORSO HAZARDS (Appendix F)

Check the box for each hazard:	Description of hazard(s):	Controls in place:	Identify required PPE:
<input type="checkbox"/>	Chemical Exposure	<input type="checkbox"/> Reduce time exposed	<input type="checkbox"/> Lab coat
<input type="checkbox"/>	Extreme Heat/Cold	<input type="checkbox"/> Guards/barriers	<input type="checkbox"/> Apron:
<input type="checkbox"/>	Radiation	<input type="checkbox"/> Substitution	<input type="checkbox"/> Flame-retardant
<input type="checkbox"/>	Impact	<input type="checkbox"/> De-energization	<input type="checkbox"/> Coveralls
<input type="checkbox"/>	Cut/Abrasion/Puncture	<input type="checkbox"/> Mechanical devices	<input type="checkbox"/> Vest
<input type="checkbox"/>	Electrical Arc	<input type="checkbox"/> Other:	<input type="checkbox"/> Tyvek suit
<input type="checkbox"/>	Pushing/pulling/lifting	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:

FALL HAZARDS (Appendix G). Work on a surface with an unprotected side or edge that is 4 feet or more above a lower level

Check the box for each hazard:	Description of hazard(s):	Controls in place:	Identify required PPE:
<input type="checkbox"/>	Fall hazard	<input type="checkbox"/> Guardrail <input type="checkbox"/> Safe ladder practices	<input type="checkbox"/> Full-body harness

NOISE HAZARDS (Appendix G). Noise exceeding 90 dBA during an 8 hour work period

Check the box for each hazard:	Description of hazard(s):	Controls in place:	Based upon EHSS evaluation, the following PPE is required:
<input type="checkbox"/>	Noise hazard	<input type="checkbox"/> Noise reduction <input type="checkbox"/> Reduced exposure	<input type="checkbox"/> Ear plugs <input type="checkbox"/> Ear muffs
<input type="checkbox"/>	Ultrasonics		

RESPIRATORY HAZARDS (Appendix G) Harmful dusts, mists, fumes

Check the box for each hazard:	Description of hazard(s):	Controls in place:	Based upon EHSS evaluation, the following PPE is required:
<input type="checkbox"/>	Chemicals/pesticides	<input type="checkbox"/> Fume hood	<input type="checkbox"/> Half-face
<input type="checkbox"/>	Particulates	<input type="checkbox"/> Local exhaust ventilation	<input type="checkbox"/> Full-face
<input type="checkbox"/>	Confined space work	<input type="checkbox"/> Increase air flow	<input type="checkbox"/> Air-line/SCBA
<input type="checkbox"/>	Welding/cutting fumes	<input type="checkbox"/> Filtration	<input type="checkbox"/> PAPR
<input type="checkbox"/>	Other	<input type="checkbox"/> Work outside	<input type="checkbox"/> Dust mask

I certify that the above inspection was performed to the best of my knowledge and ability, based on the hazards present on this date.
Signature _____