



EMPLOYEE HAZARD ASSESSMENT FORM

Department:		Date:	Completed By:
<input type="checkbox"/> Worksite/Lab	Location:		
<input type="checkbox"/> Employee/Job duty	Name of Employee:		
	Working title of Position:		
EYE/ FACE HAZARDS			
Check box for each hazard:	Description of hazard(s):	Controls in Place:	Identify required PPE:
<input type="checkbox"/> Chemical exposure		<input type="checkbox"/> Work in fume hoods	<input type="checkbox"/> Safety glasses
<input type="checkbox"/> Extreme heat/cold		<input type="checkbox"/> Enclosure/guarding	<input type="checkbox"/> Safety goggles
<input type="checkbox"/> Dust or flying debris		<input type="checkbox"/> Shielding	<input type="checkbox"/> Face shield
<input type="checkbox"/> Impact		<input type="checkbox"/> Safe work practices	<input type="checkbox"/> Welding helmet
<input type="checkbox"/> UV light		<input type="checkbox"/> Dust collection	<input type="checkbox"/> Cutting goggles
<input type="checkbox"/> Radiation		<input type="checkbox"/> Other	<input type="checkbox"/> Other
HEAD HAZARDS			
Check box for each hazard:	Description of hazard(s):	Controls in Place:	Identify required PPE:
<input type="checkbox"/> Impact		<input type="checkbox"/> Canopy	<input type="checkbox"/> Class G hard hat
<input type="checkbox"/> Electrical shock		<input type="checkbox"/> De-energize	<input type="checkbox"/> Class E hard hat
<input type="checkbox"/> Entanglement		<input type="checkbox"/> Hair secured	<input type="checkbox"/> Class C hard Hat
<input type="checkbox"/> Other		<input type="checkbox"/> Other	<input type="checkbox"/> Bump cap/other
FOOT/ LEG HAZARDS			
Check 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"/> Work boots
<input type="checkbox"/> Extreme heat/cold		<input type="checkbox"/> Mechanical device	<input type="checkbox"/> Steel toes
<input type="checkbox"/> Impact/compression		<input type="checkbox"/> Housekeeping	<input type="checkbox"/> Slip resistant
<input type="checkbox"/> Puncture		<input type="checkbox"/> Isolation	<input type="checkbox"/> Puncture resistant
<input type="checkbox"/> Explosive/ flam. atmos		<input type="checkbox"/> Safe work practices	<input type="checkbox"/> Non-conductive
<input type="checkbox"/> Slippery/ wet surface		<input type="checkbox"/> Appropriate clothing	<input type="checkbox"/> Metatarsal guard
<input type="checkbox"/> Electrical		<input type="checkbox"/> Grounding	<input type="checkbox"/> Shin guard
<input type="checkbox"/> Other		<input type="checkbox"/> Other	<input type="checkbox"/> Other
HAND/ ARM HAZARDS			
Check 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"/> Chem. resistant gloves
<input type="checkbox"/> Extreme heat/cold		<input type="checkbox"/> De-energize	<input type="checkbox"/> Thermal gloves
<input type="checkbox"/> Cuts or abrasions		<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"/> Vibration/grip		<input type="checkbox"/> Safe work practices	<input type="checkbox"/> Lineman gloves
<input type="checkbox"/> Bloodborne pathogens		<input type="checkbox"/> Appropriate clothing	<input type="checkbox"/> Latex/nitrile gloves
<input type="checkbox"/> Electrical shock		<input type="checkbox"/> Mechanical device	<input type="checkbox"/> Anti vibration gloves
<input type="checkbox"/> Other		<input type="checkbox"/> Other	<input type="checkbox"/> Other
BODY/ TORSO HAZARDS			
Check 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"/> Lab coat
<input type="checkbox"/> Extreme heat/cold		<input type="checkbox"/> De-energize	<input type="checkbox"/> Apron
<input type="checkbox"/> Cuts or abrasions		<input type="checkbox"/> Elimination	<input type="checkbox"/> Flam. resistant clothes
<input type="checkbox"/> Puncture		<input type="checkbox"/> Avoidance	<input type="checkbox"/> Coveralls
<input type="checkbox"/> Impact		<input type="checkbox"/> Safe work practices	<input type="checkbox"/> Chem. resistant apron
<input type="checkbox"/> Pushing/pulling/lifting		<input type="checkbox"/> Appropriate clothing	<input type="checkbox"/> Tyvek
<input type="checkbox"/> Electrical arc		<input type="checkbox"/> Mechanical device	<input type="checkbox"/> Arc flash insulated
<input type="checkbox"/> Other		<input type="checkbox"/> Other	<input type="checkbox"/> Other

FALL HAZARDS work on a surface with an unprotected side or edge that is 4 feet or more above the lower level			
Check 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"/> Other	<input type="checkbox"/> Full body harness <input type="checkbox"/> Other
NOISE HAZARDS noise exceeds 85 dBA during an 8 hour period			
Check box for each hazard:	Description of hazard(s):	Controls in Place:	Identify required PPE:
<input type="checkbox"/> Noise hazard		<input type="checkbox"/> Noise reduction	<input type="checkbox"/> Ear plugs
<input type="checkbox"/> Ultrasonic		<input type="checkbox"/> Limit exposure	<input type="checkbox"/> Ear muffs
RESPIRATORY HAZARDS Harmful particulate, dust, mist, or fumes			
Check box for each hazard:	Description of hazard(s):	Controls in Place:	Identify required PPE:
<input type="checkbox"/> Chemicals/ pesticides		<input type="checkbox"/> Fume hood	<input type="checkbox"/> Dust mask
<input type="checkbox"/> Particulates		<input type="checkbox"/> Local exhaust vent.	<input type="checkbox"/> Half face
<input type="checkbox"/> Welding or cutting fumes		<input type="checkbox"/> Increase air flow	<input type="checkbox"/> Full face
<input type="checkbox"/> Asbestos		<input type="checkbox"/> Filtration	<input type="checkbox"/> PAPR
<input type="checkbox"/> Lead		<input type="checkbox"/> Work outside	<input type="checkbox"/> Supplied air