

Certification of Hazard Assessment (HA) Form

This form may be used to certify (document in writing) your hazard assessment. Keep it on permanent file in the Safety Binder. The hazard assessment is accomplished by surveying the workplace to determine where physical or health hazards are present or likely to be present which necessitate the use of personal protective equipment (PPE). Any additional or unique hazards should be added to this list. HA are collaborated with IH survey.

PERFORMED BY: _____ <div style="text-align: center;">Name & Title</div>	LOCATION: _____ <div style="text-align: center;">Building & Room</div>
DEPARTMENT: _____	DATE: _____

NONE - Hazards requiring personal protective equipment are not present or likely to be present.

SOURCE	ASSESSMENT OF HAZARD	PPE REQUIRED	COMMENTS
Use or handling of: <input type="checkbox"/> Chemicals <input type="checkbox"/> Biological agents, human blood, OPIM <input type="checkbox"/> Radioactive materials	Eye or face injury <input type="checkbox"/> Impact from flying particles <input type="checkbox"/> Chemical splash in eyes <input type="checkbox"/> Facial skin chemical contact <input type="checkbox"/> Nose/mouth contact with blood/OPIM Body/skin/hand contact <input type="checkbox"/> Biological agents <input type="checkbox"/> Sharps <input type="checkbox"/> Radioactive materials <input type="checkbox"/> Chemicals <input type="checkbox"/> Hot or cold objects	<input type="checkbox"/> Safety glasses <input type="checkbox"/> With side shields <input type="checkbox"/> Safety goggles <input type="checkbox"/> Chemical splash goggles <input type="checkbox"/> Face shield <input type="checkbox"/> Face mask for blood/OPIM only <input type="checkbox"/> Other _____ <input type="checkbox"/> Lab coat <input type="checkbox"/> Latex gloves <input type="checkbox"/> Apron <input type="checkbox"/> Double latex gloves <input type="checkbox"/> Scrubs <input type="checkbox"/> Rubber gloves <input type="checkbox"/> Tykes <input type="checkbox"/> Chemical resistant gloves <input type="checkbox"/> Other _____	
<input type="checkbox"/> Operations generating airborne fiber, dust, fume, mist, or vapor	<input type="checkbox"/> Respiratory: inhalation exposure above exposure standards	Respirator <input type="checkbox"/> Filter or Cartridge <input type="checkbox"/> SCBA or air line <input type="checkbox"/> Other _____	
<input type="checkbox"/> High noise levels from equipment or operation	<input type="checkbox"/> Hearing: noise exposure above NIOSH standards	<input type="checkbox"/> Muff <input type="checkbox"/> Plugs <input type="checkbox"/> Other _____	
Non-ionizing radiation sources <input type="checkbox"/> Lasers <input type="checkbox"/> Infrared <input type="checkbox"/> Welding <input type="checkbox"/> Ultraviolet	Radiation burns to: <input type="checkbox"/> Eyes <input type="checkbox"/> Body <input type="checkbox"/> Skin	<input type="checkbox"/> Shaded safety glasses <input type="checkbox"/> With side shields <input type="checkbox"/> Shaded safety goggles <input type="checkbox"/> Welding helmet <input type="checkbox"/> Protective clothing (welding leathers, etc.) <input type="checkbox"/> Barriers, shields <input type="checkbox"/> Other _____	
<input type="checkbox"/> General safety: physical hazards from equipment, process, or material	<input type="checkbox"/> Foot injury: equipment or object that can fall or roll onto feet	<input type="checkbox"/> Safety shoes <input type="checkbox"/> Other _____	
	<input type="checkbox"/> Impact or penetration to eye, face, head, body, or soles of feet. <input type="checkbox"/> Electrical contact	<input type="checkbox"/> Shaded safety glasses <input type="checkbox"/> With side shields <input type="checkbox"/> Shaded safety goggles <input type="checkbox"/> Welding helmet <input type="checkbox"/> Protective clothing (welding leathers, etc.) <input type="checkbox"/> Barriers, shields <input type="checkbox"/> Other _____	
	<input type="checkbox"/> Thermal: extreme heat or cold	<input type="checkbox"/> Thermal gloves <input type="checkbox"/> Face shields <input type="checkbox"/> Thermal clothing <input type="checkbox"/> Safety glasses <input type="checkbox"/> Barriers, shields <input type="checkbox"/> Other _____	

Other (specify):

(REVERSESIDE FOR ADDITIONAL COMMENTS)

REVIEWED BY: _____
(OSH PERSONNEL)