



An Initiative of the
American Staffing Association
and National Safety Council

Personal Protective Equipment Hazard Assessment Form

Client/Location/Department: _____

Date: _____

Process/Job/Task with the Hazards	What is the Specific Hazard? <i>(See back of form for codes)</i>							Required PPE
	Full Body/ Torso	Head	Eyes and Face	Foot and Leg	Respiratory	Arms and Hands	Hearing/ Ear	

I have performed an evaluation of the work areas indicated above, assessed the hazards and have identified the appropriate PPE.

Signature: _____ Date: _____

Name and Title (print): _____

Directions: Only record hazards that require PPE and are not being counter-measured by *engineering* or *administrative* controls.

Use the following hazard codes for citing Specific Hazards under body parts.

Hazard Codes

Chemical Hazards	Physical Hazards	Biological Hazards	Ergonomic Hazards
C1 Inhalation	P1 Electrical	B1 Bloodborne Pathogens	E1 Repetition
C2 Skin Contact	P2 Fire/Explosion	B2 Brucellosis	E2 Forceful Exertions
C3 Absorption	P3 Noise	B3 Building-Related Illness (BRI)	E3 Awkward Postures
C4 Injection	P4 Radiation	B4 Legionnaires' Disease	E4 Contact Stress
C5 Ingestion	P5 Thermal Stress	B5 Mold	E5 Vibration
	P6 Caught In/On/Between, Pinch Points	B6 Plant and Insect Poisons	E6 Work Area Design
	P7 Slips/Falls	B7 Tuberculosis (TB)	
	P8 Striking Against	B8 Water and Wastewater	
	P9 Struck By		

Required PPE Suggestions

<ul style="list-style-type: none"> ● Eye Protection/Glasses/Goggles ● Face Shield ● Safety Shoes/Boots ● Gloves (chemical; heat; cut resistant) ● Head Protection (hard hat; bump cap) 	<ul style="list-style-type: none"> ● Earplugs/Muffs ● Respirators (air purifying; air supplied) ● Protective Vests ● Aprons ● Protective Sleeves ● Protective Suits (A,B,C,D)
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