Job Hazard Assessment

For General Safety Evaluation and Personal Protective Equipment (PPE)

This tool can help you do a hazard assessment to see if your employees need to use personal protective equipment (PPE) by identifying activities that may create hazards for your employees. Alternatively, it is used to identify any workplace hazards that may be controlled by other means (engineering controls, product substitution, etc.). The activities are grouped according to what part of the body might be exposed to a hazard that requires controls or PPE. You can make copies, modify and customize it to fit the specific needs of your particular work place, or job activities of you and your staff.

This tool can also serve as written certification that you have done a hazard assessment as required by IOSHA regulations on personal protective equipment. It is necessary to document your hazard assessment. Make sure that the blank fields at the beginning of the checklist (indicated by *) are filled out (see below, Instructions #4). Once your form is complete e-mail it back to me at aarench@bsu.edu I will be around each department to help with the process and answer any questions.

Thanks, Anthony Rench, Industrial Hygienist

Instructions:

1. Do a walk through survey of each work area and job/task and/or accompany your employees on the performance of their duties on the Campus. Read through the list of work activities in the first column, putting a check next to the activities performed in that work area or job.

2. Read through the list of hazards in the second column, putting a check next to the hazards to which employees may be exposed while performing the work activities or while present in the work area. (e.g., work activity: carpentry; work-related exposure: flying wood particles).

3. Decide how you are going to control the hazards. Try considering engineering, work place, and/or administrative controls to eliminate or reduce the hazards before resorting to using PPE. If the hazard cannot be eliminated without using PPE, indicate which type(s) of PPE will be required to protect your employee from the hazard.

4. Make sure that you complete the following fields on the form (indicated by *) to certify that a hazard assessment was done:

   *Name of your work place
   *Classification or job title for the employee(s) activities being assessed
   *Address of the work place where you are doing the hazard assessment
   *Name of person certifying that a workplace hazard assessment was done
   *Date the hazard assessment was done
   *Note you can group jobs into categories just name the individuals for that job category

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Hazard Assessment Certification Form

***Name of work place**: _____ ***Assessment conducted by**: _____

***Work place address**: _____ ***Date of assessment:** _____

Work area(s): _____ **Job/Task(s):** _____

*****Required for certifying the hazard assessment. Use a separate sheet for each job/task, activity, or work area

EYES

Work activities, such as:
- ☐ abrasive blasting
- ☐ chopping
- ☐ cutting
- ☐ drilling
- ☐ welding
- ☐ punch press operations
- ☐ other: _____
- ☐ sanding
- ☐ sawing
- ☐ grinding
- ☐ hammering

Work-related exposure to:
- ☐ airborne dust
- ☐ flying particles
- ☐ blood splashes
- ☐ hazardous liquid chemicals
- ☐ intense light
- ☐ other: _____

Can hazard be eliminated without the use of PPE?
Yes ☐ No ☐

If no, use:
- ☐ Safety glasses
- ☐ Safety goggles
- ☐ Shading/Filter (#_____)
- ☐ Welding shield
- ☐ Other: _____
- ☐ Side shields
- ☐ Dust-tight goggles

FACE

Work activities, such as:
- ☐ cleaning
- ☐ cooking
- ☐ siphoning
- ☐ painting
- ☐ dip tank operations
- ☐ other _____
- ☐ foundry work
- ☐ welding
- ☐ mixing
- ☐ pouring molten metal

Work-related exposure to:
- ☐ hazardous liquid chemicals
- ☐ extreme heat/cold
- ☐ potential irritants: _____
- ☐ other: _____

Can hazard be eliminated without the use of PPE?
Yes ☐ No ☐

If no, use:
- ☐ Face shield
- ☐ Shading/Filter (#_____)
- ☐ Welding shield
- ☐ Other: _____

HEAD

Work activities, such as:
- ☐ building maintenance
- ☐ confined space operations
- ☐ construction
- ☐ electrical wiring
- ☐ walking/working under catwalks
- ☐ walking/working under conveyor belts
- ☐ walking/working under crane loads
- ☐ utility work

Work-related exposure to:
- ☐ beams
- ☐ pipes
- ☐ exposed electrical wiring or components
- ☐ falling objects
- ☐ machine parts
- ☐ other: _____

Can hazard be eliminated without the use of PPE?
Yes ☐ No ☐

If no, use:
- ☐ Protective Helmet
  - ☐ Type A (low voltage)
  - ☐ Type B (high voltage)
  - ☐ Type C
  - ☐ Bump cap (not ANSI-approved)
- ☐ Hair net or soft cap

☐ other: _____		☐ Other: _____
HANDS/ARMS		
Work activities, such as: ☐ baking ☐ cooking ☐ grinding ☐ welding ☐ working with glass ☐ using computers ☐ using knives ☐ dental and health care services ☐ other: _____ ☐ material handling ☐ sanding ☐ sawing ☐ hammering	Work-related exposure to: ☐ blood ☐ irritating chemicals ☐ tools or materials that could scrape, bruise, or cut ☐ extreme heat/cold ☐ other: _____	Can hazard be eliminated without the use of PPE? Yes ☐ No ☐ If no, use: ☐ Gloves ☐ Chemical resistance ☐ Liquid/leak resistance ☐ Temperature resistance ☐ Abrasion/cut resistance ☐ Slip resistance ☐ Protective sleeves ☐ Other: _____
FEET/LEGS		
Work activities, such as: ☐ building maintenance ☐ construction ☐ demolition ☐ food processing ☐ foundry work ☐ logging ☐ plumbing ☐ trenching ☐ use of highly flammable materials ☐ welding ☐ other: _____	Work-related exposure to: ☐ explosive atmospheres ☐ explosives ☐ exposed electrical wiring or components ☐ heavy equipment ☐ slippery surfaces ☐ tools ☐ other: _____	Can hazard be eliminated without the use of PPE? Yes ☐ No ☐ If no, use: ☐ Safety shoes or boots ☐ Toe protection ☐ Electrical protection ☐ Puncture resistance ☐ Anti-slip soles ☐ Metatarsal protection ☐ Heat/cold protection ☐ Chemical resistance ☐ Leggings or chaps ☐ Foot-Leg guards ☐ Other: _____
BODY/SKIN		
Work activities such as: ☐ baking or frying ☐ battery charging ☐ dip tank operations ☐ fiberglass installation ☐ irritating chemicals	Work-related exposure to: ☐ chemical splashes ☐ extreme heat/cold ☐ sharp or rough edges ☐ other: _____	Can hazard be eliminated without the use of PPE? Yes ☐ No ☐ If no, use: ☐ Vest, Jacket ☐ Coveralls, Body suit

☐ sawing ☐ other: _____		☐ Raingear ☐ Apron ☐ Welding leathers ☐ Abrasion/cut resistance ☐ Other: _____
BODY/WHOLE [1]		
Work activities such as: ☐ building maintenance ☐ construction ☐ welding ☐ utility work ☐ other: _____	Work-related exposure to: ☐ working from heights of 10 feet or more ☐ working near water ☐ other: _____	Can hazard be eliminated without the use of PPE? Yes ☐ No ☐ If no, use: ☐ Fall Arrest/Restraint: Type: _____ ☐ PFD: Type: _____ ☐ Other: _____
LUNGS/RESPIRATORY [1]		
Work activities such as: ☐ cleaning ☐ pouring ☐ mixing ☐ sawing ☐ painting ☐ fiberglass installation ☐ compressed air or gas operations ☐ solvents ☐ painting ☐ cleaning solutions ☐ other: _____	Work-related exposure to: ☐ irritating dust or particulate ☐ irritating or toxic gas/vapor ☐ other: _____	Can hazard be eliminated without the use of PPE? Yes ☐ No ☐
EARS/HEARING [1]		
Work activities such as: ☐ generator ☐ grinding ☐ ventilation fans ☐ machining ☐ motors ☐ routers ☐ sanding ☐ sawing ☐ pneumatic equipment ☐ punch or brake presses ☐ use of conveyors ☐ other: _____	Work-related exposure to: ☐ loud noises ☐ loud work environment ☐ noisy machines/tools ☐ punch or brake presses ☐ other: _____	Can hazard be eliminated without the use of PPE? Yes ☐ No ☐

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NOTE: There are other hazards or activities requiring assessment, controls, or the potential use of PPE (such as falls, confined space, etc. hazards), that are not included in this checklist. However, you should consider all hazards when you conduct your hazard assessment. Hazards may exist that are either too general, or too specific, to be particularly noted on this form and should be recorded below for further assessment:

OTHER WORKPLACE ACTIVITIES / HAZARDS		
Work activities:	Work-related exposure to:	Can hazard be eliminated without the use of PPE? Yes ☐ No ☐ If no, use:

Currently if there is any employee that you supervise that has been issued a respirator or is currently wearing a respirator voluntarily please indicated the individual(s) name and respirator information below.

Name:	Respirator Type:	Issued by EHS: Yes/No
Name:	Respirator Type:	Issued by EHS: Yes/No
Name:	Respirator Type:	Issued by EHS: Yes/No
Name:	Respirator Type:	Issued by EHS: Yes/No
Name:	Respirator Type:	Issued by EHS: Yes/No
Name:	Other PPE Issue:	_____

Please feel free to contact me at 5-2832 if you need assistance with particular hazard assessment, or if you have any questions on hazard identification or possible controls.