

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

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

<p><u>Work activities, such as:</u></p> <input type="checkbox"/> abrasive blasting <input type="checkbox"/> sanding <input type="checkbox"/> chopping <input type="checkbox"/> sawing <input type="checkbox"/> cutting <input type="checkbox"/> grinding <input type="checkbox"/> drilling <input type="checkbox"/> hammering <input type="checkbox"/> welding <input type="checkbox"/> punch press operations <input type="checkbox"/> other: _____	<p><u>Work-related exposure to:</u></p> <input type="checkbox"/> airborne dust <input type="checkbox"/> flying particles <input type="checkbox"/> blood splashes <input type="checkbox"/> hazardous liquid chemicals <input type="checkbox"/> intense light <input type="checkbox"/> other: _____	<p><u>Can hazard be eliminated without the use of PPE?</u> Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><u>If no, use:</u></p> <input type="checkbox"/> Safety glasses <input type="checkbox"/> Side shields <input type="checkbox"/> Safety goggles <input type="checkbox"/> Dust-tight goggles <input type="checkbox"/> Shading/Filter (# _____) <input type="checkbox"/> Welding shield <input type="checkbox"/> Other: _____
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FACE

<p><u>Work activities, such as:</u></p> <input type="checkbox"/> cleaning <input type="checkbox"/> foundry work <input type="checkbox"/> cooking <input type="checkbox"/> welding <input type="checkbox"/> siphoning <input type="checkbox"/> mixing <input type="checkbox"/> painting <input type="checkbox"/> pouring molten metal <input type="checkbox"/> dip tank operations <input type="checkbox"/> other _____	<p><u>Work-related exposure to:</u></p> <input type="checkbox"/> hazardous liquid chemicals <input type="checkbox"/> extreme heat/cold <input type="checkbox"/> potential irritants: _____ <input type="checkbox"/> other: _____	<p><u>Can hazard be eliminated without the use of PPE?</u> Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><u>If no, use:</u></p> <input type="checkbox"/> Face shield <input type="checkbox"/> Shading/Filter (# _____) <input type="checkbox"/> Welding shield <input type="checkbox"/> Other: _____
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HEAD

<p><u>Work activities, such as:</u></p> <input type="checkbox"/> building maintenance <input type="checkbox"/> confined space operations <input type="checkbox"/> construction <input type="checkbox"/> electrical wiring <input type="checkbox"/> walking/working under catwalks <input type="checkbox"/> walking/working under conveyor belts	<p><u>Work-related exposure to:</u></p> <input type="checkbox"/> beams <input type="checkbox"/> pipes <input type="checkbox"/> exposed electrical wiring or components <input type="checkbox"/> falling objects <input type="checkbox"/> machine parts	<p><u>Can hazard be eliminated without the use of PPE?</u> Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><u>If no, use:</u></p> <input type="checkbox"/> Protective Helmet <input type="checkbox"/> Type A (low voltage) <input type="checkbox"/> Type B (high voltage)
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Job Hazard Assessment Form and Instructions

walking/working under crane loads
 utility work
 other: _____

other: _____

Type C
 Bump cap (not ANSI-approved)
 Hair net or soft cap
 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
 Leggings or chaps
 Foot-Leg guards
 Other: _____

Metatarsal protection
 Heat/cold protection
 Chemical resistance

BODY/SKIN

Work activities such as:
 baking or frying
 battery charging

Work-related exposure to:
 chemical splashes
 extreme heat/cold

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

If no, use:

dip tank operations
 fiberglass installation
 irritating chemicals
 sawing
 other: _____

sharp or rough edges
 other: _____

Vest, Jacket
 Coveralls, Body suit
 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
 mixing
 painting
 fiberglass installation
 compressed air or gas operations
 solvents
 painting
 cleaning solutions
 other: _____

pouring
 sawing

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
 ventilation fans
 motors
 sanding
 pneumatic equipment
 punch or brake presses
 use of conveyors

grinding
 machining
 routers
 sawing

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

<input type="checkbox"/> other: _____		
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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

<u>Work activities:</u>	<u>Work-related exposure to:</u>	<u>Can hazard be eliminated without the use of PPE?</u> Yes <input type="checkbox"/> No <input type="checkbox"/> <u>If no, use:</u>

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
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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.