

Company: \_\_\_\_\_ Date of Assessment: \_\_\_\_\_

Location: \_\_\_\_\_ Assessment Prepared By: \_\_\_\_\_

Job Task: \_\_\_\_\_

**POTENTIAL:** Does the job present an occupational exposure to:

**Eye Hazards**

	<u>Yes</u>	<u>No</u>	<u>Hazard Description</u>	<u>Recommended PPE</u>
Chemicals	_____	_____	_____	_____
Dust	_____	_____	_____	_____
Heat	_____	_____	_____	_____
Impact	_____	_____	_____	_____
Light/Radiation	_____	_____	_____	_____

**Head & Face Hazards**

	<u>Yes</u>	<u>No</u>	<u>Hazard Description</u>	<u>Recommended PPE</u>
Burn	_____	_____	_____	_____
Chemical Splash	_____	_____	_____	_____
Electric Shock	_____	_____	_____	_____
Impact	_____	_____	_____	_____

**Hand Hazards**

	<u>Yes</u>	<u>No</u>	<u>Hazard Description</u>	<u>Recommended PPE</u>
Burns/Cold	_____	_____	_____	_____
Cuts/Abrasions	_____	_____	_____	_____
Punctures	_____	_____	_____	_____
Chemicals	_____	_____	_____	_____
Repetitive Trauma	_____	_____	_____	_____
Electric Shock	_____	_____	_____	_____

**POTENTIAL:** Does the job present an occupational exposure to:

**Foot Hazards**

	<u>Yes</u>	<u>No</u>	<u>Hazard Description</u>	<u>Recommended PPE</u>
Impact	—	—	_____	_____
Puncture	—	—	_____	_____
Chemicals	—	—	_____	_____
Electric Shock	—	—	_____	_____
Electrostatic Buildup	—	—	_____	_____
Compression	—	—	_____	_____

**Respiratory Hazards**

	<u>Yes</u>	<u>No</u>	<u>Hazard Description</u>	<u>Recommended PPE</u>
Fumes	—	—	_____	_____
Mists	—	—	_____	_____
Dusts	—	—	_____	_____
Vapors	—	—	_____	_____

**Noise Hazards**

	<u>Yes</u>	<u>No</u>	<u>Hazard Description</u>	<u>Recommended PPE</u>
Impact Noise	—	—	_____	_____
>140 decibels				
Continuous Noise	—	—	_____	_____
>85 decibels				

**Fall Hazards**

	<u>Yes</u>	<u>No</u>	<u>Hazard Description</u>	<u>Recommended PPE</u>
Work surface elevated >4 feet	—	—	_____	_____
Work from ladders, scaffolds, man lift	—	—	_____	_____
Dangerous equip or material below	—	—	_____	_____
Wet or slippery walking surfaces	—	—	_____	_____