Missouri S&T

Personal Protective Equipment Assessment Form—Side 1

| Department: | |
|-------------|--|
| 1 | |

Date of Assessment:

Location:

Conducted By:

| Item | Yes | No | Required PPE |
|--|-----|----|--------------|
| Eye and Face Protection | | | |
| Employees are exposed to flying particles, molten metal, liquid chemicals, acids, caustic liquids, chemical gases or vapors, or potentially harmful light radiation | | | |
| Head Protection | | | |
| The employee works where there is a potential for head injury from a falling object | | | |
| The employee works near exposed electrical conductors that could contact the head | | | |
| The employee works where a caught on hazard exists for hair | | | |
| Foot Protection | 1 | | |
| The employee works in an area where there is potential exposure to foot injury due to falling or rolling objects | | | |
| The employee works in an area where there is potential foot injury due to piercing the sole of the shoe | | | |
| Employee works where floor surface may create a slip hazard | | | |
| Hand Protection | 1 | l | |
| Employee's hands are exposed to harmful hazards from harmful substances, severe cuts, lacerations, abrasions or punctures, chemical burns or temperature extremes | | | |

Revision Date: 7/9/2009



Personal Protective Equipment Assessment Form—Side 2

| Item | Yes | No | Required PPE |
|---|-----|----|--------------|
| Clothing Protection | | | |
| Employees are exposed to harmful materials, chemicals, temperature extremes, or source of cuts, lacerations or punctures | | | |
| Respiratory Protection | | | |
| Evaluate respiratory hazards in the work place | | | |
| Location | | | |
| Location | | | |
| Location | | | |
| Hearing Protection | | | |
| Administer hearing conservation program whenever employee noise equals or exceeds an 8-hour time-weighted average of 85 decibels | | | |
| Location | | | |
| Location | | | |
| Location | | | |

Revision Date: 7/9/2009

