**Personal Protective Equipment Form**

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| **Name of Evaluator:** | | **Department:** | | | |
| **Date of Evaluation:** | | **Task or Process:** | | | |
| **Electrical Hazards** | | **Required personal protective equipment** | | | |
| Barriers and matting | Yes  No |  | | | |
| Line hoses | Yes  No |  | | | |
| Gloves | Yes  No |  | | | |
| Covers | Yes  No |  | | | |
| Sleeves | Yes  No |  | | | |
| Insulation/heated blankets | Yes  No |  | | | |
| **Feet Hazards** | | **Required personal protective equipment** | | | |
| Punctures | Yes  No |  | | | |
| Falling objects | Yes  No |  | | | |
| Rolling/sliding objects | Yes  No |  | | | |
| **Eye Hazards** | | **Required personal protective equipment** | | | |
| Splashing chemicals | Yes  No |  | | | |
| Bright lights | Yes  No |  | | | |
| Radiation | Yes  No |  | | | |
| Extreme temperatures | Yes  No |  | | | |
| Air particulates | Yes  No |  | | | |
| **Hand Hazards** | | **Required personal protective equipment** | | | |
| Lacerations or punctures | Yes  No |  | | | |
| Hazardous substance absorption | Yes  No |  | | | |
| Chemical burns | Yes  No |  | | | |
| Heat-related burns | Yes  No |  | | | |
| Abrasions | Yes  No |  | | | |
| **Face Hazards** | | **Required personal protective equipment** | | | |
| Extreme temperature splashes | Yes  No |  | | | |
| Chemical splashes | Yes  No |  | | | |
| Projectiles | Yes  No |  | | | |
| **Fall Hazards** | | **Required personal protective equipment** | | | |
| Lanyards | Yes  No |  | | | |
| Safety harnesses | Yes  No |  | | | |
| Platforms and scaffolding | Yes  No |  | | | |
| Safety belts | Yes  No |  | | | |
| **Head Hazards** | | **Required personal protective equipment** | | | |
| Falling objects | Yes  No |  | | | |
| Swinging machinery/parts | Yes  No |  | | | |
| Rotating parts (hair hazard) | Yes  No |  | | | |
| Electrical shocks | Yes  No |  | | | |
| **Other Hazards** | | **Required personal protective equipment** | | | |
|  | Yes  No |  | | | |
|  | Yes  No |  | | | |
|  | Yes  No |  | | | |
| **Action Items** | | Use the space below to list the action items required to ensure that workers have the appropriate PPE for this task or process. | | | |
| **Action item description** | | | **Owner Name** | **Status** | **Due Date** |
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