**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 | [x]  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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