

School Emergency Response Plan and Management Guide
Workplace Hazard Assessments/Personal Protective Equipment (PPE)

Instructions: Use this form to help identify PPE required within each work location. Multiple forms may be used, as needed, to include all work areas or job functions within each area of concern. Use the Assessment list to complete the form. **If no apparent hazards exist, check "Other" and write "None."**

Workplace Hazard—Personal Protective Equipment (PPE) Assessment Form						
School/Department:		Job Function/Activities:				
Office/Shop:						
Work Location(s):						
Hazards Present (check all that apply)	Describe Hazards (e.g., work with glass, arcs from welding, work on steam lines, etc.)	Personal Protective Equipment To Consider (complete appropriate boxes with the specific PPE required, e.g., hard hats, goggles, safety glasses, face shields, earplugs, steel-toed shoes, etc.)				
		Eye	Hand	Head	Clothing	Foot
<input type="checkbox"/> Impact						
<input type="checkbox"/> Cuts/Penetration						
<input type="checkbox"/> Pinch/Crush/Roll Over						
<input type="checkbox"/> Thermal (Hot/Cold)						
<input type="checkbox"/> Light (optical) Radiation						
<input type="checkbox"/> Chemical						
<input type="checkbox"/> Biological						
<input type="checkbox"/> Electrical						
<input type="checkbox"/> Other						
<input type="checkbox"/> Check here if sound pressure level (+85db/8hr) exposure monitoring should be considered for this job function or activity.						
<input type="checkbox"/> Check here if dust (harmful or nuisance) level exposure monitoring should be considered for this job function or activity.						

Assessment completed by: _____ Title: _____ Phone: _____

Signature: _____ Date: _____

Return completed forms to the Safety, Regulatory and Environmental Compliance Section.