

Company Name: _____

Workplace Address: _____

Work Area/Department: _____

Equipment Operated: _____

Job Task: _____

JOB HAZARD ASSESSMENT 2

Date of Assessment: _____

Assessment Conducted By: _____

Assessment Approved By: _____

Assessment ID #: _____

Permit to work requirement: Yes ___ No ___

THE FOLLOWING HAZARDS HAVE BEEN NOTED

Part of Body	Hazard	Required PPE	Notes
Hands	<input type="checkbox"/> Penetration-sharp objects <input type="checkbox"/> Penetration-animal bites <input type="checkbox"/> Penetration-rough objects <input type="checkbox"/> Chemical(s) _____ <input type="checkbox"/> Extreme Cold <input type="checkbox"/> Extreme Heat <input type="checkbox"/> Blood <input type="checkbox"/> Electrical Shock <input type="checkbox"/> Vibration-power tools <input type="checkbox"/> Other:	<input type="checkbox"/> Leather/cut resistant gloves <input type="checkbox"/> Leather/cut resistant gloves <input type="checkbox"/> General purpose work gloves <input type="checkbox"/> Chemical resistant gloves; <input type="checkbox"/> Type _____ <input type="checkbox"/> Insulated gloves <input type="checkbox"/> Heat/flame resistant gloves <input type="checkbox"/> Latex or nitrile resistant gloves <input type="checkbox"/> Insulated rubber gloves; <input type="checkbox"/> Type _____ <input type="checkbox"/> Cotton, leather or anti-vibration gloves <input type="checkbox"/> Other:	

Part of Body	Hazard	Required PPE	Notes
Eyes & Face	<input type="checkbox"/> Impact-flying objects, chips, sand or dirt <input type="checkbox"/> Nuisance dust <input type="checkbox"/> UV light-welding, cutting, torch brazing or soldering <input type="checkbox"/> Chemical-splashing liquid <input type="checkbox"/> Chemical-irritating mists <input type="checkbox"/> Hot sparks-grinding <input type="checkbox"/> Splashing molten metal <input type="checkbox"/> Glare/High Intensity lights <input type="checkbox"/> Laser operations <input type="checkbox"/> Other:	<input type="checkbox"/> Safety glasses w/side shields <input type="checkbox"/> Glasses/goggles w/face shield <input type="checkbox"/> Impact goggles <input type="checkbox"/> Welding goggles <input type="checkbox"/> Welding helmet/shield w/safety glasses & side shields <input type="checkbox"/> Chemical goggles/face shield <input type="checkbox"/> Chemical splash goggles <input type="checkbox"/> Safety glasses w/side shields <input type="checkbox"/> Glasses/goggles w/face shield <input type="checkbox"/> Safety goggles w/face shield <input type="checkbox"/> Shaded safety glasses <input type="checkbox"/> Laser spectacles or goggles <input type="checkbox"/> Other:	

Part of Body	Hazard	Required PPE	Notes
Ears	<input type="checkbox"/> Exposure to noise levels (> 85 dBA 8-hour TWA) <input type="checkbox"/> Exposure to sparks <input type="checkbox"/> Other:	<input type="checkbox"/> Ear muffs, plugs or ear caps <input type="checkbox"/> Leather welding hood <input type="checkbox"/> Other:	

Part of Body	Hazard	Required PPE	Notes
Respiratory System	<input type="checkbox"/> Nuisance dust/mist <input type="checkbox"/> Welding fumes <input type="checkbox"/> Asbestos <input type="checkbox"/> Pesticides <input type="checkbox"/> Paint spray <input type="checkbox"/> Organic vapors <input type="checkbox"/> Acid gases <input type="checkbox"/> Oxygen deficient/toxic or IDLH atmosphere <input type="checkbox"/> Other:	<input type="checkbox"/> Disposable dust/mist mask <input type="checkbox"/> Welding respirator <input type="checkbox"/> Respirator w/HEPA filter <input type="checkbox"/> Respirator w/pesticide cartridges <input type="checkbox"/> Respirator w/paint spray cartridges <input type="checkbox"/> Respirator w/organic cartridges <input type="checkbox"/> Respirator w/acid gas cartridges <input type="checkbox"/> SCBA or Type C airline respirator <input type="checkbox"/> Other:	

Part of Body	Hazard	Required PPE	Notes
Feet	<input type="checkbox"/> Impact-heavy objects <input type="checkbox"/> Compression-rolling or pinching objects/vehicles <input type="checkbox"/> Slippery or wet surface <input type="checkbox"/> Penetration-sharp objects <input type="checkbox"/> Penetration-chemical <input type="checkbox"/> Splashing-chemical <input type="checkbox"/> Exposure to extreme cold <input type="checkbox"/> Other:	<input type="checkbox"/> Steel toe safety shoes <input type="checkbox"/> Leather boots or safety shoes w/metatarsal guards <input type="checkbox"/> Slip resistant soles <input type="checkbox"/> Puncture resistant soles <input type="checkbox"/> Chemical resistant boots/covers <input type="checkbox"/> Rubber boots/closed top shoes <input type="checkbox"/> Insulated boots or shoes <input type="checkbox"/> Other:	

Part of Body	Hazard	Required PPE	Notes
Head	<input type="checkbox"/> Struck by falling object <input type="checkbox"/> Struck against fixed object <input type="checkbox"/> Electrical-contact w/exposed wires/conductors <input type="checkbox"/> Other:	<input type="checkbox"/> Hard hat/cap <input type="checkbox"/> Class A <input type="checkbox"/> Class B <input type="checkbox"/> Class C <input type="checkbox"/> Other:	

Part of Body	Hazard	Required PPE	Notes
Body	<input type="checkbox"/> Impact-flying objects <input type="checkbox"/> Moving vehicles <input type="checkbox"/> Penetration-sharp objects <input type="checkbox"/> Electrical-static discharge <input type="checkbox"/> Hot metal or sparks <input type="checkbox"/> Chemical(s) _____ <input type="checkbox"/> Exposure to extreme cold <input type="checkbox"/> Unprotected elevated walking/working surface <input type="checkbox"/> Other: _____	<input type="checkbox"/> Long sleeves/apron/coat <input type="checkbox"/> Traffic Vest <input type="checkbox"/> Cut-resistant sleeves, wristlets <input type="checkbox"/> Static control coats/coveralls <input type="checkbox"/> Flame-resistant jacket/pants <input type="checkbox"/> Lab coat or apron/sleeves <input type="checkbox"/> Insulated jacket, hood <input type="checkbox"/> Body harness and lanyard <input type="checkbox"/> Other: _____	

JOB HAZARD ASSESSMENT CERTIFICATION

I, _____ (Print Name of Person performing this assessment), certify that this assessment is complete to the best of my knowledge.

Signature: _____ Date: _____

CERTIFICATION OF PERSONAL PROTECTIVE EQUIPMENT

I, _____ (Print Name of Department Head), assure the following:

_____ Appropriate PPE is available and maintained in good condition for the employees in my Department.

_____ All affected employees have been trained to know the following:

- a) What PPE is to be worn while performing hazardous tasks.
- b) The limitations of the PPE including its proper care, maintenance and useful life.
- c) How to properly wear and adjust the PPE required for the task.

Signature: _____ Date: _____