

APPENDIX H

HAZARD ASSESSMENT FORM

Use this form as a guide to help identify the hazards in each work area.

Job Classification: _____ Area: _____

Date: _____ Assessor: _____

HEAD HAZARDS: These can include working under machinery or processes that might cause materials or objects to fall, working below other workers, energized equipment and working with chemicals.

Check which is appropriate Description of Hazard: _____
for each hazard:

Burn	yes <input type="checkbox"/>	no <input type="checkbox"/>	_____
Chemical Splash	yes <input type="checkbox"/>	no <input type="checkbox"/>	_____
Electrical Shock	yes <input type="checkbox"/>	no <input type="checkbox"/>	_____
Impact	yes <input type="checkbox"/>	no <input type="checkbox"/>	_____

EYE HAZARDS: These can include chipping, grinding, sanding, welding, woodworking, furnace operations, working with acids, or chemicals.

Check which is appropriate Description of Hazard: _____
for each hazard:

Light/radiation	yes <input type="checkbox"/>	no <input type="checkbox"/>	_____
Chemicals	yes <input type="checkbox"/>	no <input type="checkbox"/>	_____
Dust	yes <input type="checkbox"/>	no <input type="checkbox"/>	_____
Heat	yes <input type="checkbox"/>	no <input type="checkbox"/>	_____
Impact	yes <input type="checkbox"/>	no <input type="checkbox"/>	_____

HAND HAZARDS: These can include working with chemicals, with hot objects, and cutting materials.

Check which is appropriate Description of Hazard: _____
for each hazard:

Puncture	yes <input type="checkbox"/>	no <input type="checkbox"/>	_____
Burns	yes <input type="checkbox"/>	no <input type="checkbox"/>	_____
Chemical Exposure	yes <input type="checkbox"/>	no <input type="checkbox"/>	_____
Cuts/Abrasions	yes <input type="checkbox"/>	no <input type="checkbox"/>	_____

CHEMICAL HYGIENE PLAN

APPENDIX H: CONTINUED

FOOT HAZARDS: These can include handling//carrying materials that may be dropped, and working with chemicals.

Check which is appropriate Description of Hazard: _____
for each hazard:

Impact	yes <input type="checkbox"/>	no <input type="checkbox"/>	_____
Compression	yes <input type="checkbox"/>	no <input type="checkbox"/>	_____
Puncture	yes <input type="checkbox"/>	no <input type="checkbox"/>	_____
Chemical Exposure	yes <input type="checkbox"/>	no <input type="checkbox"/>	_____

It has been determined from the Personal Protective Equipment Assessment that the following personal protective equipment (PPE) is required for: _____
(Job Classification)

HEAD HAZARDS/PPE REQUIRED: _____

EYE HAZARDS/PPE REQUIRED: _____

HAND HAZARDS/PPE REQUIRED: _____

FOOT HAZARDS/PPE REQUIRED: _____

CERTIFICATION OF HAZARD ASSESSMENT

The workplace has been assessed for hazards which may be reduced through the use of selected Personal Protective Equipment. This assessment is in accordance with 29 CFR 1910.132 and its related standards, 29 CFR 1910.140. The attached survey form(s) serve as detail supporting the analysis as to the individual work area and possible hazards associated with each function.

Surveyed by: _____ Title: _____

Certified by: _____ Title: _____

Date surveyed: _____ Date certified: _____