



Emory University

Personal Protective Equipment Hazard Assessment Form

Personal protective equipment (PPE) devices alone should not be relied upon to provide protection against hazards, but should be used in conjunction with other safeguards, engineering controls and sound laboratory/research practices. It is necessary to consider certain general guidelines for assessing the foot, head, eye, face and hand hazard situation that may exist in occupational/educational operation or process, and to match the protective devices to the particular hazard(s). The appropriate PPE will be selected based upon an inspection of the work area and the information provided during the inspection. Principal Investigators and Supervisors will have the responsibility to assure that the designated PPE is properly used, maintained and disposed.

Department: _____
Location: _____

Date of Assessment: _____
Assessment Performed By: _____

Potential Exposures to: Chemical substances Physical Agents (i.e. lasers, radiation, heat, cold noise, EMF)
 Biological Agents Animals

Specify Chemicals/ Biological / Physical Agents: _____

Tasks performed: mixing, stirring, pouring, spraying, inoculating, cleaning, lifting
 moving items, other _____

Possible Contact with: residue on surfaces, mists, vapors, liquids, splashes, splatters dusts or particulates, needle sticks, animal scratches/bites, other (specify) _____

Duration of Exposure: <hr./day, 1 to 3 hrs./day, 3 to 5 hrs/day, 5 to 8 hrs/day, other _____

Type of Work Surfaces: Smooth, Rough, Jagged

Work Performed in Hood: Yes No

Hood Type: Chemical Fume BSC

If no specify where work is performed: _____

PPE Presently In Use (check all that apply): Eye protection (specify) _____
 Hand protection (specify) _____, Respiratory Protection (specify) _____
_____, Foot protection (specify) _____, Head/Face Protection
(specify) _____, Body Protection (specify) _____
 Other (specify) _____

Is current PPE adequate? Yes No If No specify adequate PPE below.

Eye protection (specify) _____
 Hand protection (specify) _____
 Respiratory Protection (specify) _____
 Foot protection (specify) _____
 Head Protection (specify) _____, Body Protection (specify) _____
 Other (specify) _____

DATE CORRECTIONS VERIFIED:

INITIALS:

REVIEWED BY:

DATE:

DEPARTMENT REPRESENTATIVE

DATE