

# Personal Protective Equipment Hazard Assessment Certification

Job Title \_\_\_\_\_

Date \_\_\_\_\_

Department \_\_\_\_\_

Supervisor \_\_\_\_\_

Location\Worksite \_\_\_\_\_

Signature \_\_\_\_\_

Employee Name(s) \_\_\_\_\_

(I hereby certify that this hazard assessment has been performed in accordance with the MSU PPE Guideline)

Tasks, Job Classifications or Workstation	Potential Hazard	PPE required (Yes/No)	Type of PPE Required