

Personal Protective Equipment (PPE) Survey and Analysis

Department: _____ Location: _____

Job Classification: _____ Operation/Process _____

Person performing assessment: _____ Title _____

THE FOLLOWING HAZARDS HAVE BEEN NOTED

Part of Body	Hazard	Required PPE	Notes
Hands	<input type="checkbox"/> Penetration - sharp objects	<input type="checkbox"/> Leather/cut resistant gloves	
	<input type="checkbox"/> Penetration – animal bites	<input type="checkbox"/> Leather/cut resistant gloves	
	<input type="checkbox"/> Penetration – rough objects	<input type="checkbox"/> General purpose work gloves	
	<input type="checkbox"/> Penetration – knives	<input type="checkbox"/> Metal mesh, Kevlar, steel mesh, heavy leather	
	<input type="checkbox"/> Chemicals	<input type="checkbox"/> Chemical resistant gloves <input type="checkbox"/> Type _____	
	<input type="checkbox"/> Extreme cold	<input type="checkbox"/> Insulated gloves	
	<input type="checkbox"/> Extreme heat	<input type="checkbox"/> Heat flame resistant gloves	
	<input type="checkbox"/> Blood	<input type="checkbox"/> Nitrile gloves	
	<input type="checkbox"/> Electrical shock	<input type="checkbox"/> Insulated rubber gloves <input type="checkbox"/> Type _____	
	<input type="checkbox"/> Product contamination	Plastic, cotton, nylon	
	<input type="checkbox"/> Other	<input type="checkbox"/> Other _____	
Eyes and Face	<input type="checkbox"/> Impact-flying objects, chips, sand or dirt	<input type="checkbox"/> Safety glasses w/side shields Goggles w/face shield	
	<input type="checkbox"/> Nuisance dust	<input type="checkbox"/> Unvented chemical goggles	
	<input type="checkbox"/> UV light welding, cutting, torch brazing or soldering	<input type="checkbox"/> Welding goggles <input type="checkbox"/> Welding helmet/shield w/safety glasses & side shields	
	<input type="checkbox"/> Chemical – splashing liquid	<input type="checkbox"/> Chemical goggles/face shield	
	<input type="checkbox"/> Chemical – irritating mists	<input type="checkbox"/> Unvented chemical goggles	
	<input type="checkbox"/> Hot sparks-grinding	<input type="checkbox"/> Safety glasses w/side shields <input type="checkbox"/> Safety goggles w/face shield	
	<input type="checkbox"/> Splashing molten metal	<input type="checkbox"/> Safety goggle w/face shield	
	<input type="checkbox"/> Glare/high intensity lights	<input type="checkbox"/> Shaded safety glasses	
	<input type="checkbox"/> Laser operations	<input type="checkbox"/> Laser goggles or glasses	
	<input type="checkbox"/> Other	<input type="checkbox"/> Other _____	
Ears	<input type="checkbox"/> Exposure to noise levels >85 dBA 8-hour TWA	<input type="checkbox"/> Ear muffs or plugs	
	<input type="checkbox"/> Exposure to noise levels >105 dBA 8 hour TWA	<input type="checkbox"/> Ear muffs AND plugs	
	<input type="checkbox"/> Exposure to sparks	<input type="checkbox"/> Leather	
	<input type="checkbox"/> Other	<input type="checkbox"/> Other _____	

Respiratory System	<input type="checkbox"/> For comfort for nuisance dust/mist	<input type="checkbox"/> Disposable dust/mist mask	
	<input type="checkbox"/> Welding fumes	<input type="checkbox"/> Respirator w/P100 filter	
	<input type="checkbox"/> Asbestos	<input type="checkbox"/> Respirator w/P100 filter	
	<input type="checkbox"/> Pesticides	<input type="checkbox"/> Respirator w/cartridges as per pesticide label	
	<input type="checkbox"/> Paint Spray	<input type="checkbox"/> Respirator w/OV/P100	
	<input type="checkbox"/> Organic Vapors	<input type="checkbox"/> Respirator with organic cartridges	
	<input type="checkbox"/> Acid gases	<input type="checkbox"/> Respirator w/acid gas cartridges	
	<input type="checkbox"/> Oxygen deficient/toxic or IDLH atmosphere	<input type="checkbox"/> SCBA or Type C airline respirator	
Feet	<input type="checkbox"/> Impact-heavy objects	<input type="checkbox"/> Steel toe safety shoes	
	<input type="checkbox"/> Compression-rolling or pinching objects/vehicles	<input type="checkbox"/> Leather boots or safety shoes w/metatarsal (top of foot) guards	
	<input type="checkbox"/> Slippery or wet surfaces	<input type="checkbox"/> Slip resistant soles	
	<input type="checkbox"/> Electrical hazards	<input type="checkbox"/> Electrical hazard shoes	
	<input type="checkbox"/> Explosive atmosphere	<input type="checkbox"/> Conductive footwear	
	<input type="checkbox"/> Penetration-sharp objects	<input type="checkbox"/> Puncture resistant soles	
	<input type="checkbox"/> Penetration-chemical	<input type="checkbox"/> Chemical resistant boots/covers	
	<input type="checkbox"/> Splashing-chemical	<input type="checkbox"/> Rubber boots/closed top shoes	
	<input type="checkbox"/> Exposure to extreme cold	<input type="checkbox"/> Insulated boots or shoes	
	<input type="checkbox"/> Other	<input type="checkbox"/> Other	
Head	<input type="checkbox"/> Object from overhead	<input type="checkbox"/> Type 1 ANSI Z89.1-1997	
	<input type="checkbox"/> Impact to side of head	<input type="checkbox"/> Type 2 ANSI Z89.1-1997	
	<input type="checkbox"/> Struck by falling object	Hard Hat Class <input type="checkbox"/> Class A/G <input type="checkbox"/> Class B/E	
	<input type="checkbox"/> Struck against fixed object		
	<input type="checkbox"/> Electrical contact with exposed wires/conductors		
	<input type="checkbox"/> Special circumstances – no electrical protection	<input type="checkbox"/> Class C	
	<input type="checkbox"/> Hair entanglement, open flames	<input type="checkbox"/> Cap, hairnet, bandana	
	<input type="checkbox"/> Other	<input type="checkbox"/> Other	
Body	<input type="checkbox"/> Impact-flying objects	<input type="checkbox"/> Long sleeves/apron/coat	
	<input type="checkbox"/> Moving vehicles	<input type="checkbox"/> Traffic vest	
	<input type="checkbox"/> Penetration-sharp objects	<input type="checkbox"/> Cut-resistant sleeves, wristlets	
	<input type="checkbox"/> Penetration-knives	<input type="checkbox"/> Metal mesh, Kevlar, steel mesh, heavy leather sleeves, wristlets, aprons	
	<input type="checkbox"/> Electrical-static discharge	<input type="checkbox"/> Static control coats/coveralls	
	<input type="checkbox"/> Hot metal or sparks	<input type="checkbox"/> Flame-resistant jacket/pants, aluminized jacket/pants	
	<input type="checkbox"/> Chemical	<input type="checkbox"/> Lab coat or apron/sleeves	
	<input type="checkbox"/> Unprotected elevated walking/working surface	<input type="checkbox"/> Body harness and lanyard	
	<input type="checkbox"/> Other	<input type="checkbox"/> Other	