

Personal Protective Equipment Assessment Certification Form

PURPOSE: This document must be completed by the Principal Investigator (PI), Lab Manager, Supervisor, or their designee. This person must conduct a PPE assessment that is specific to operations in their laboratory space(s) / work area(s) / task. EH&S personnel are available to assist with the PPE assessment and can review the form. The PPE Assessment form can be used to determine the required PPE by identifying hazards to the employees performing the task and the required PPE.

Instructions:

- 1) Conduct a PPE Assessment initially, when tasks or conditions change, or when PPE is deemed ineffective.
- 2) Perform a walkthrough of the work area and task or job to be performed. Identify hazards that the employee may be exposed to while performing work activities or while present in the work area.
- 3) Check appropriate box of the hazards that are present, if not listed write in “Other_____”.
- 4) Decide how you are going to control / eliminate the hazards. Try considering engineering, workplace and/or administrative controls before resorting to using PPE. If the hazards cannot be eliminated or controlled without the use of PPE then indicate which type of PPE will be required to protect the employee from the hazard.
 - a. PPE alone should not be relied on to provide protection against hazards but should be used in conjunction with guards, engineering controls and good operating practices.
 - b. When selecting PPE select the most protective type available.
 - c. The supervisor shall fit the worker with the PPE and give instructions on its use and care.
 - d. The supervisor shall also ensure the employee understands the manufacturer’s warning labels and provide training on the limitations of the PPE.
- 5) Document and certify the PPE Assessment and maintain documentation for reference and employee training.

Glove considerations: Chemical Resistance, Liquid/leak resistance, Temperature resistance, Abrasion/Cut resistance, Slip resistance, Permeation rate, Anti-vibration.

PPE Assessment Certification Form

KSU Building(s) & Room(s): _____

Assessment conducted by: _____

Department/Unit: _____

Date of assessment: _____

Workplace address: _____

Manager: _____

Job/Task(s): _____

(This form may not include all exposures or solutions suitable to your work, research, and document accordingly. Use a separate sheet for each job/task or work area)

EYES		
<p><u>Work activities, such as:</u></p> <input type="checkbox"/> Abrasive blasting <input type="checkbox"/> Sanding <input type="checkbox"/> Chopping <input type="checkbox"/> Sawing <input type="checkbox"/> Cutting <input type="checkbox"/> Grinding <input type="checkbox"/> Drilling <input type="checkbox"/> Hammering <input type="checkbox"/> Welding <input type="checkbox"/> Chipping <input type="checkbox"/> Soldering <input type="checkbox"/> Torch brazing <input type="checkbox"/> Working outdoors <input type="checkbox"/> Computer work <input type="checkbox"/> Punch press operations <input type="checkbox"/> Other potentially hazardous activities: _____	<p><u>Work-related exposure to:</u></p> <input type="checkbox"/> Airborne dust <input type="checkbox"/> Dirt <input type="checkbox"/> UV <input type="checkbox"/> Flying particles/objects <input type="checkbox"/> Blood splashes <input type="checkbox"/> Hazardous liquid chemicals mists <input type="checkbox"/> Chemical splashes <input type="checkbox"/> Molten metal splashes <input type="checkbox"/> Glare/high intensity lights <input type="checkbox"/> Laser operations <input type="checkbox"/> Hot sparks <input type="checkbox"/> Other potentially hazardous exposure: _____	<p><u>Can hazard be eliminated without the use of PPE?</u> Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, identify engineering, elimination, or substitution controls: _____</p> <hr/> <p><u>If no, use:</u></p> <input type="checkbox"/> Safety glasses <input type="checkbox"/> Safety goggles <input type="checkbox"/> Dust-tight goggles <input type="checkbox"/> Impact goggles <input type="checkbox"/> Welding helmet/shield <input type="checkbox"/> Chemical goggles <input type="checkbox"/> Chemical splash goggles <input type="checkbox"/> Laser goggles <input type="checkbox"/> Shading/Filter (# _____) <input type="checkbox"/> Welding shield <input type="checkbox"/> Other available PPE options: _____ <p><u>With:</u></p> <input type="checkbox"/> Side shields <input type="checkbox"/> Face shield <input type="checkbox"/> Shaded <input type="checkbox"/> Prescription
FACE		
<p><u>Work activities, such as:</u></p> <input type="checkbox"/> Cleaning <input type="checkbox"/> Foundry work <input type="checkbox"/> Cooking <input type="checkbox"/> Welding <input type="checkbox"/> Siphoning <input type="checkbox"/> Mixing <input type="checkbox"/> Painting <input type="checkbox"/> Pouring molten metal <input type="checkbox"/> Dip tank operations <input type="checkbox"/> Pouring <input type="checkbox"/> Working outdoors <input type="checkbox"/> Other potentially hazardous activities: _____	<p><u>Work-related exposure to:</u></p> <input type="checkbox"/> Hazardous liquid chemicals <input type="checkbox"/> Extreme heat <input type="checkbox"/> Extreme cold <input type="checkbox"/> Potential irritants <input type="checkbox"/> Other potentially hazardous exposure: _____	<p><u>Can hazard be eliminated without the use of PPE?</u> Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, identify engineering, elimination, or substitution controls: _____</p> <hr/> <p><u>If no, use:</u></p> <input type="checkbox"/> Face shield <input type="checkbox"/> Shading/Filter (# _____) <input type="checkbox"/> Welding shield <input type="checkbox"/> Other available PPE options: _____

HEAD		
<p><u>Work activities, such as:</u></p> <input type="checkbox"/> Building maintenance <input type="checkbox"/> Confined space operations <input type="checkbox"/> Construction <input type="checkbox"/> Electrical wiring <input type="checkbox"/> Walking/working under catwalks <input type="checkbox"/> Walking/working on catwalks <input type="checkbox"/> Walking/working under conveyor belts <input type="checkbox"/> Working with/around conveyor belts <input type="checkbox"/> Walking/working under crane loads <input type="checkbox"/> Utility work <input type="checkbox"/> Other potentially hazardous activities: <hr/>	<p><u>Work-related exposure to:</u></p> <input type="checkbox"/> Beams <input type="checkbox"/> Pipes <input type="checkbox"/> Exposed electrical wiring or components <input type="checkbox"/> Falling objects <input type="checkbox"/> Fixed object <input type="checkbox"/> Machine parts <input type="checkbox"/> Other potentially hazardous exposure: <hr/>	<p><u>Can hazard be eliminated without the use of PPE?</u> Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, identify engineering, elimination, or substitution controls: <hr/></p> <p><u>If no, use:</u></p> <input type="checkbox"/> Protective Helmet <input type="checkbox"/> Class G (general) <input type="checkbox"/> Type E (electrical) <input type="checkbox"/> Type C (conductive) <input type="checkbox"/> Bump cap (not ANSI-approved) <input type="checkbox"/> Hair net or soft cap <input type="checkbox"/> Other available PPE options: <hr/>
HANDS/ARMS		
<p><u>Work activities, such as:</u></p> <input type="checkbox"/> Baking <input type="checkbox"/> Cooking <input type="checkbox"/> Grinding <input type="checkbox"/> Welding <input type="checkbox"/> Working with glass <input type="checkbox"/> Using computers <input type="checkbox"/> Using knives <input type="checkbox"/> Dental and health care services <input type="checkbox"/> Garbage disposal <input type="checkbox"/> Computer work <input type="checkbox"/> Other potentially hazardous activities: <hr/>	<p><u>Work-related exposure to:</u></p> <input type="checkbox"/> Blood <input type="checkbox"/> Irritating chemicals <input type="checkbox"/> Tools or materials that could scrape, bruise, or cut <input type="checkbox"/> Extreme heat <input type="checkbox"/> Extreme cold <input type="checkbox"/> Animal bites <input type="checkbox"/> Electric shock <input type="checkbox"/> Vibration <input type="checkbox"/> Musculoskeletal disorders <input type="checkbox"/> Sharps injury <input type="checkbox"/> Radiation <input type="checkbox"/> Other potentially hazardous exposure: <hr/>	<p><u>Can hazard be eliminated without the use of PPE?</u> Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, identify engineering, elimination, or substitution controls: <hr/></p> <p><u>If no, use:</u></p> <input type="checkbox"/> Gloves <input type="checkbox"/> Latex <input type="checkbox"/> Nitrile <input type="checkbox"/> Neoprene <input type="checkbox"/> PVC (polyvinylchloride) <input type="checkbox"/> PVA (polyvinylalcohol) <input type="checkbox"/> Natural Rubber <input type="checkbox"/> Butyl <input type="checkbox"/> Viton Other glove type(s): _____ <input type="checkbox"/> Protective sleeves <input type="checkbox"/> Ergonomic equipment _____ <input type="checkbox"/> Other available PPE options: <hr/>

FEET/LEGS		
<p><u>Work activities, such as:</u></p> <input type="checkbox"/> Building maintenance <input type="checkbox"/> Construction <input type="checkbox"/> Demolition <input type="checkbox"/> Food processing <input type="checkbox"/> Foundry work <input type="checkbox"/> Working outdoors <input type="checkbox"/> Logging/tree work <input type="checkbox"/> Plumbing <input type="checkbox"/> Trenching <input type="checkbox"/> Use of highly flammable (<90°F) materials <input type="checkbox"/> Welding <input type="checkbox"/> Other potentially hazardous activities: <hr/>	<p><u>Work-related exposure to:</u></p> <input type="checkbox"/> explosive atmospheres <input type="checkbox"/> Explosives <input type="checkbox"/> Exposed electrical wiring or components <input type="checkbox"/> Heavy equipment <input type="checkbox"/> Slippery surfaces <input type="checkbox"/> Impact from objects <input type="checkbox"/> Pinch points <input type="checkbox"/> Crushing <input type="checkbox"/> Slippery/wet surface <input type="checkbox"/> Cutting/laceration injury <input type="checkbox"/> Blood/sharps/biohazard <input type="checkbox"/> Chemical splash <input type="checkbox"/> Chemical penetration <input type="checkbox"/> Extreme heat/cold <input type="checkbox"/> Fall <input type="checkbox"/> Other potentially hazardous exposures: <hr/>	<p><u>Can hazard be eliminated without the use of PPE?</u> Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, identify engineering, elimination, or substitution controls:</p> <hr/> <p><u>If no, use:</u></p> <input type="checkbox"/> Safety shoes or boots <input type="checkbox"/> Toe protection <input type="checkbox"/> Metatarsal protection <input type="checkbox"/> Electrical protection <input type="checkbox"/> Heat/cold protection <input type="checkbox"/> Puncture resistance <input type="checkbox"/> Chemical resistance <input type="checkbox"/> Anti-slip soles <input type="checkbox"/> Leggings or chaps <input type="checkbox"/> Foot-Leg guards <input type="checkbox"/> Other available PPE options: <hr/>
BODY/SKIN		
<p><u>Work activities such as:</u></p> <input type="checkbox"/> Baking or frying <input type="checkbox"/> Battery charging <input type="checkbox"/> Dip tank operations <input type="checkbox"/> Fiberglass installation <input type="checkbox"/> Sawing <input type="checkbox"/> Other potentially hazardous activities: <hr/>	<p><u>Work-related exposure to:</u></p> <input type="checkbox"/> Chemical splashes <input type="checkbox"/> Extreme heat <input type="checkbox"/> Extreme cold <input type="checkbox"/> Sharp or rough edges <input type="checkbox"/> Irritating chemicals <input type="checkbox"/> Radiation <input type="checkbox"/> Other potentially hazardous exposures: <hr/>	<p><u>Can hazard be eliminated without the use of PPE?</u> Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, identify engineering, elimination, or substitution controls:</p> <hr/> <p><u>If no, use:</u></p> <input type="checkbox"/> Vest, Jacket <input type="checkbox"/> Coveralls, Body suit <input type="checkbox"/> Raingear <input type="checkbox"/> Apron <input type="checkbox"/> Welding leathers <input type="checkbox"/> Abrasion/cut resistance <input type="checkbox"/> Other available PPE options: <p style="text-align: right;"><u>With:</u> <input type="checkbox"/> Long sleeves</p> <hr/>

BODY/WHOLE		
<p><u>Work activities such as:</u></p> <input type="checkbox"/> Building maintenance <input type="checkbox"/> Construction <input type="checkbox"/> Logging/tree work <input type="checkbox"/> Computer work <input type="checkbox"/> Working outdoors <input type="checkbox"/> Utility work <input type="checkbox"/> Other potentially hazardous activities: _____	<p><u>Work-related exposure to:</u></p> <input type="checkbox"/> Working from heights of 4 feet, or more <input type="checkbox"/> Impact from flying objects <input type="checkbox"/> Impact from moving vehicles <input type="checkbox"/> Cutting/laceration injury <input type="checkbox"/> Blood/sharps/biohazard <input type="checkbox"/> Electrical/static discharge <input type="checkbox"/> Hot metal <input type="checkbox"/> Musculoskeletal disorders <input type="checkbox"/> Sparks <input type="checkbox"/> Chemicals <input type="checkbox"/> Extreme heat/cold <input type="checkbox"/> Working near water <input type="checkbox"/> Injury from slip/trip/fall <input type="checkbox"/> Radiation <input type="checkbox"/> Other potentially hazardous exposures: _____	<p><u>Can hazard be eliminated without the use of PPE?</u> Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, identify engineering, elimination, or substitution controls: _____</p> <hr/> <p><u>If no, use:</u></p> <input type="checkbox"/> Fall Arrest/Restraint <input type="checkbox"/> Traffic vest <input type="checkbox"/> Static coats/overalls <input type="checkbox"/> Flame resistant jacket/pants <input type="checkbox"/> Insulated jacket <input type="checkbox"/> Cut resistant sleeves/wristlets <input type="checkbox"/> Hoists/lifts <input type="checkbox"/> Ergonomic equipment: _____ <input type="checkbox"/> Other available PPE options: _____
		<p><u>With:</u></p> <input type="checkbox"/> Hood <input type="checkbox"/> Full sleeves

LUNGS/RESPIRATORY		
<p><u>Work activities such as:</u></p> <input type="checkbox"/> Cleaning <input type="checkbox"/> pouring <input type="checkbox"/> Mixing <input type="checkbox"/> sawing <input type="checkbox"/> Painting <input type="checkbox"/> Fiberglass installation <input type="checkbox"/> Compressed air or gas operations <input type="checkbox"/> Confined space work <input type="checkbox"/> Floor installation <input type="checkbox"/> Ceiling repair <input type="checkbox"/> Working outdoors <input type="checkbox"/> Other potentially hazardous activities: _____	<p><u>Work-related exposure to:</u></p> <input type="checkbox"/> Dust or particulate <input type="checkbox"/> Toxic gas/vapor <input type="checkbox"/> Chemical irritants (acids) <input type="checkbox"/> Welding fume <input type="checkbox"/> Asbestos <input type="checkbox"/> Pesticides <input type="checkbox"/> Organic vapors <input type="checkbox"/> Oxygen deficient environment <input type="checkbox"/> Paint spray <input type="checkbox"/> Extreme heat/cold <input type="checkbox"/> Other potentially hazardous exposures: _____	<p><u>Can hazard be eliminated without the use of PPE?</u> Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, identify engineering, elimination, or substitution controls: _____</p> <hr/> <p><u>If no, use:</u></p> <input type="checkbox"/> Dust mask <input type="checkbox"/> Disposable particulate respirator <input type="checkbox"/> Replaceable filter particulate w/cartridge <input type="checkbox"/> PAPR (air recycle) <input type="checkbox"/> SARS (supplied air) <input type="checkbox"/> Other available PPE options: _____
		<p><u>With/Type:</u></p> <input type="checkbox"/> Face shield <input type="checkbox"/> Acid/gas cartridge <input type="checkbox"/> Organic cartridge <input type="checkbox"/> Pesticide cartridge <input type="checkbox"/> Spray paint crtdg <input type="checkbox"/> Half faced <input type="checkbox"/> Full faced <input type="checkbox"/> Hooded

EARS/HEARING		
<p><u>Work activities such as:</u></p> <input type="checkbox"/> Generator <input type="checkbox"/> Grinding <input type="checkbox"/> Ventilation fans <input type="checkbox"/> Machining <input type="checkbox"/> Motors <input type="checkbox"/> Routers <input type="checkbox"/> Sanding <input type="checkbox"/> sawing <input type="checkbox"/> Pneumatic equipment <input type="checkbox"/> sparks <input type="checkbox"/> Punch or brake presses <input type="checkbox"/> Use of conveyors <input type="checkbox"/> Other potentially hazardous activities: _____ 	<p><u>Work-related exposure to:</u></p> <input type="checkbox"/> Loud noises <input type="checkbox"/> Loud work environment <input type="checkbox"/> Noisy machines/tools <input type="checkbox"/> Punch or brake presses <input type="checkbox"/> Other potentially hazardous exposures: _____ 	<p><u>Can hazard be eliminated without the use of PPE?</u> Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, identify engineering, elimination, or substitution controls: _____ <u>If no, use:</u> <input type="checkbox"/> earmuffs <input type="checkbox"/> ear plugs <input type="checkbox"/> leather welding hood <input type="checkbox"/> Other available PPE options: _____ </p>

Certification of the PPE Assessment and PPE Selection

I certify that the above PPE Assessment was performed on the date indicated. This document is a Certification of the PPE Assessment per OSHA Standard 29CFR 1910.132.

Department Head / Director Printed Name: _____

Signature: _____ Date: _____

Supervisor / Principal Investigator Printed Name: _____

Signature: _____ Date: _____

Environmental Health & Safety Printed Name: _____

Signature: _____ Date: _____

Comments: _____

PPE TRAINING DOCUMENTATION

Laboratory and workplace safety training must be conducted by the Principal Investigator, Lab Manager, Supervisor, or their designee. Training will identify and discuss potentially hazardous tasks performed in the lab/area and selection and use of specific PPE to protect the laboratory worker or researcher. The training content, instructor and student attendees must be documented. To provide adequate training, the PI, Lab Manager, Supervisor, or their designee will provide the following:

1. Identify all applicable safety training courses needed for each staff member and assure that each staff member has these courses.
2. The PI, lab manager, supervisor, or their designee will review the completed PPE Assessment Guide with the employee. It describes the operations in the lab where employees need PPE for protection against exposure to hazards. In this step, the PPE assessment is used as a training tool. While discussing operations and the associated hazards with staff, the manager will address the following:
 - How to obtain PPE
 - What types of PPE are used in the area and for which tasks
 - Where and how the PPE is stored and maintained
 - How to inspect and what to look for to confirm PPE is in good condition before putting it on. If not, place the PPE.
 - How to put on, wear, adjust for proper fit, and remove PPE
 - How to properly use the PPE
 - How to properly decontaminate and clean reusable PPE, and how to properly dispose of single-use PPE
 - Discuss any limitations of the PPE
 - General PPE safety practices, including not wearing PPE outside of hazard areas (e.g. hallways and eating areas).
3. Each trained member will sign the training documentation to acknowledge that they have reviewed and been trained on the PPE Assessment Guide.
4. Conduct refresher training whenever the PPE assessment and/or PPE selected for use is updated.

PPE Assessment Guide Training Acknowledgement:

Principal Investigator: _____ Department/Unit: _____

Building: _____ Room: _____

Trainer: _____ Trainer Job Title: _____

I have read, asked questions, and understand the PPE requirements for the activity/materials described for my work.

Date	Name of Person Trained	Job Title	Employee or Student ID Number	Signature