

**University of Tennessee Knoxville  
 Personal Protective Equipment (PPE)  
 Hazard Assessment Survey and Analysis**

**Instructions:** *This form may be used to certify (document in writing) your hazard assessment. Keep it on permanent file in your department. The hazard assessment is accomplished by surveying the workplace to determine where physical or health hazards are present or likely to be present which necessitate the use of personal protective equipment. Any additional or unique hazards should be added to this list of common sources and hazards. The supervisor and employee must perform the assessment together to ensure that the proper hazards and PPE are being captured for the job.*

**Department:** \_\_\_\_\_ **Location:** \_\_\_\_\_

**Employee being surveyed:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Supervisor performing survey:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**THE FOLLOWING HAZARDS HAVE BEEN NOTED**

Part of Body	Hazard	Required PPE	Notes
<b>Hands</b>	<input type="checkbox"/> Penetration-sharp objects <input type="checkbox"/> Penetration-animal bites <input type="checkbox"/> Penetration-rough objects <input type="checkbox"/> Chemicals: <input type="checkbox"/> Extreme cold <input type="checkbox"/> Extreme heat <input type="checkbox"/> Blood or other Blood borne Pathogens <input type="checkbox"/> Electrical shock <input type="checkbox"/> Vibration-power tools <input type="checkbox"/> Other <input type="checkbox"/> N/A	<input type="checkbox"/> Leather/cut resistant gloves <input type="checkbox"/> General purpose work gloves <input type="checkbox"/> Chemical resistant gloves; <input type="checkbox"/> Type <input type="checkbox"/> Insulated gloves <input type="checkbox"/> Heat/flame resistant gloves <input type="checkbox"/> Latex or nitrile gloves <input type="checkbox"/> Insulated rubber gloves; <input type="checkbox"/> Type <input type="checkbox"/> Cotton, leather or anti-vibration gloves <input type="checkbox"/> Other	

Part of Body	Hazard	Required PPE	Notes
<b>Eyes and Face</b>	<input type="checkbox"/> Impact-flying objects, chips, sand or dirt <input type="checkbox"/> Nuisance dust <input type="checkbox"/> UV light-welding, cutting, torch brazing or soldering <input type="checkbox"/> Chemical-splashing liquid <input type="checkbox"/> Chemical-irritating mists <input type="checkbox"/> Hot sparks-grinding <input type="checkbox"/> Splashing molten metal <input type="checkbox"/> Glare/High Intensity lights <input type="checkbox"/> Laser operations <input type="checkbox"/> Shops <input type="checkbox"/> Other <input type="checkbox"/> N/A	<input type="checkbox"/> Safety glasses w/side shields <input type="checkbox"/> Chemical splash goggles <input type="checkbox"/> Chemical goggles/ face shield <input type="checkbox"/> Impact goggles <input type="checkbox"/> Welding goggles <input type="checkbox"/> Welding helmet/shield w/safety glasses & side shields <input type="checkbox"/> Shaded safety glasses <input type="checkbox"/> Laser spectacles or goggles <input type="checkbox"/> Other:	
<b>Ears</b>	<input type="checkbox"/> <b>Exposure to noise levels (&gt; 85 dBA 8-hour TWA)</b> <input type="checkbox"/> Exposure to sparks <input type="checkbox"/> Other <input type="checkbox"/> N/A	<input type="checkbox"/> Ear muffs, plugs or ear caps <input type="checkbox"/> Leather welding hood <input type="checkbox"/> Other:	

Part of Body	Hazard	Required PPE	Notes
<b>Respiratory Protection</b>	<input type="checkbox"/> Nuisance dust/mist <input type="checkbox"/> Welding fumes <input type="checkbox"/> Asbestos <input type="checkbox"/> Pesticides <input type="checkbox"/> Paint spray <input type="checkbox"/> Organic vapors <input type="checkbox"/> Acid gases <input type="checkbox"/> Oxygen deficient/toxic or IDLH atmosphere <input type="checkbox"/> Other: <input type="checkbox"/> N/A	<input type="checkbox"/> Disposable dust/mist mask <input type="checkbox"/> Welding respirator <input type="checkbox"/> Respirator w/HEPA filter <input type="checkbox"/> Respirator w/pesticide cartridges <input type="checkbox"/> Respirator w/paint spray cartridges <input type="checkbox"/> Respirator w/organic cartridges <input type="checkbox"/> Respirator w/acid gas cartridges <input type="checkbox"/> SCBA or Type C airline respirator <input type="checkbox"/> Other:	
<b>Feet</b>	<input type="checkbox"/> Impact-heavy objects <input type="checkbox"/> Compression-rolling or pinching objects/vehicles <input type="checkbox"/> Slippery or wet surface <input type="checkbox"/> Penetration-sharp objects <input type="checkbox"/> Penetration-chemical <input type="checkbox"/> Splashing-chemical <input type="checkbox"/> Exposure to extreme cold <input type="checkbox"/> Other: <input type="checkbox"/> N/A	<input type="checkbox"/> Steel toe safety shoes <input type="checkbox"/> Leather boots or safety shoes w/metatarsal guards <input type="checkbox"/> Slip resistant soles <input type="checkbox"/> Puncture resistant soles <input type="checkbox"/> Chemical resistant boots/covers <input type="checkbox"/> Rubber boots/closed top shoes <input type="checkbox"/> Insulated boots or shoes <input type="checkbox"/> Other:	

Part of Body	Hazard	Required PPE	Notes
<b>Head</b>	<input type="checkbox"/> Struck by falling object <input type="checkbox"/> Struck against fixed object <input type="checkbox"/> Electrical-contact with exposed wires/conductors <input type="checkbox"/> Other: <input type="checkbox"/> N/A	Hard hat/cap: <input type="checkbox"/> Class G: provide impact and penetration resistance; limited voltage protection. <input type="checkbox"/> Class E: provide the highest level of protection against electrical hazards, with high-voltage shock and burn protection (up to 20,000 volts). They also provide protection from impact and penetration hazards by flying/falling objects. <input type="checkbox"/> Class C: provide lightweight comfort and impact protection but offer no protection from electrical hazards. <input type="checkbox"/> Other:	
<b>Body</b>	<input type="checkbox"/> Impact-flying objects <input type="checkbox"/> Moving vehicles <input type="checkbox"/> Penetration-sharp objects <input type="checkbox"/> Electrical-static discharge <input type="checkbox"/> Hot Metal or Sparks <input type="checkbox"/> Chemical(s) <input type="checkbox"/> Exposure to extreme cold <input type="checkbox"/> Unprotected elevated walking/working surface <input type="checkbox"/> Other: <input type="checkbox"/> N/A	<input type="checkbox"/> Long sleeves/ apron/ coat <input type="checkbox"/> Traffic vest <input type="checkbox"/> Cut-resistant sleeves, wristlets <input type="checkbox"/> Static control coats/coveralls <input type="checkbox"/> Flame-resistant jacket/ pants <input type="checkbox"/> Lab coat or apron/sleeves <input type="checkbox"/> Insulated jacket, hood <input type="checkbox"/> Body Harnesses and lanyard <input type="checkbox"/> Other:	

**CERTIFICATION: I certify that I personally performed the above Hazard Assessment on the date indicated. This document is a Certification of the Hazard Assessment.**

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Supervisor's Instruction Guide to PPE Assessment

### Personal Protective Equipment (PPE) Hazard Assessment Certificate Instructions

Based on the hierarchy of controls, PPE is a last resort. Personal protective equipment alone should **not** be relied upon to provide protection against hazards but should be used in conjunction with engineering controls, administrative controls, and procedural controls.

This document addresses eye, face, head, hand, foot, torso, respiratory, noise, and fall protection. It will serve as the Personal Protective Equipment (PPE) Certification document required to satisfy the federal requirements of the Occupational Safety and Health Administration (OSHA) Standard, 29 CFR 1910.132 Subpart I- Personal Protective Equipment.

#### General Guidelines

The PPE Hazard Assessment can be conducted for an area, a job category or for an individual by selecting and filling in the appropriate box. The assigned evaluator shall include their name, department/division being assessed, and the date. Completed assessments must be accessible to employees and inspectors and updated when needed.

## PPE HAZARD ASSESSMENT INSTRUCTIONS

### STEP 1: INFORM AFFECTED EMPLOYEES OF THE PROCESS:

Affected employees from each work area that is being assessed should be involved in the process. Discuss the reasons for the survey and the procedures being used for the assessment. Review the job procedures, potential hazards and the PPE currently in use.

### Step 2: Review data:

Reports of work-related injuries or illnesses, near-miss events and reported safety concerns are sources of data that can provide helpful information for assessing hazards.

### Step 3: Conduct a walk-through survey:

The purpose of the survey is to identify sources of hazards to employees. Observe the following: layout of the workplace, location of the employees, work operations, hazards and places where PPE is currently used including the device and reason for use. Consideration should be given to the following basic hazard categories:

1. Impact (falling/flying objects)
2. Penetration (sharp objects piercing foot/hand)
3. Compression (roll-over or pinching objects)
4. Chemical exposure (inhalation, ingestion, skin contact, eye contact or injection)
5. Temperature extremes (heat/cold)
6. Dust/flying debris (grinding, chipping, sanding, etc.)
7. Fall (slip/trip, scaffolds, elevated work)
8. Radiation (non-ionizing: UV/IR/light, welding, brazing, cutting, furnaces, etc.)
9. Noise (mechanical rooms, machines, cage washing, jackhammers, etc.)
10. Electrical (shock, short circuit, arcing, static)

**Step 4: Select PPE:**

After considering and/or planning for other controls, select the PPE which provides at least the minimum level of protection required to protect employees from the hazards. Using the form, note the appropriate PPE in the required PPE box. For help with proper PPE selection, contact EHS at 974-5084 or [safety@utk.edu](mailto:safety@utk.edu)

**Step 5: Make Document Accessible:**

Once completed, signed and dated, store the form either electronically or as a hard copy in a location easily accessible to employees and inspectors.

**Step 6: Revise Protocol:**

Update departmental protocols with the new or modified PPE requirements if applicable.

**Step 7: Reassess the workplace as necessary by identifying and evaluating:**

1. New equipment and processes
2. Accident records
3. Suitability of previously selected PPE

**University of Tennessee**  
**Personal Protective Equipment Training Certification Form**

Employee's Name: \_\_\_\_\_ UT Net I.D. #: \_\_\_\_\_

Job Title/Work area: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Trainer's Name (person completing this form): \_\_\_\_\_

Date of Training: \_\_\_\_\_

Types of PPE employee is being trained to use:

---

---

---

The following information and training on the personal protective equipment (PPE) listed above were covered in the training session:

\_\_\_\_\_ The limitations of personal protective equipment: PPE alone cannot protect the employee from on-the-job hazards.

\_\_\_\_\_ What work place hazards the employee faces, the types of personal protective equipment that the employee must use to be protected from these hazards, and how the PPE will protect the employee while doing his/her tasks.

\_\_\_\_\_ When the employee must wear or use the personal protective equipment.

\_\_\_\_\_ How to use the personal protective equipment properly on-the-job, including putting it on, taking it off, and wearing and adjusting it (if applicable) for a comfortable and effective fit.

\_\_\_\_\_ How to properly care for and maintain the personal protective equipment: look for signs of wear, clean and disinfect, and dispose of PPE.

**Note to employee:** *This form will be made a part of your personal file. Please read and understand its contents before signing.*

(Employee) I understand the training I have received, and I can use PPE properly.

Employee's signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Trainer must check off)

\_\_\_\_\_ Employee has shown an understanding of the training.

\_\_\_\_\_ Employee has shown the ability to use the PPE properly.

Trainer's signature: \_\_\_\_\_ Date: \_\_\_\_\_