



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/steel mesh, Kevlar, or heavy leather	
	<input type="checkbox"/> Chemicals	<input type="checkbox"/> Chemical resistant gloves 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. Type:	
	<input type="checkbox"/> Product contamination	<input type="checkbox"/> Plastic, cotton, or nylon	
	<input type="checkbox"/> Other:	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/ Organic vapor/P100 filter	
	<input type="checkbox"/> Organic Vapors	<input type="checkbox"/> Respirator w/ Organic vapor filters	
	<input type="checkbox"/> Acid gases	<input type="checkbox"/> Respirator w/ Acid gas filters	
	<input type="checkbox"/> Oxygen deficient, toxic, or IDLH atmosphere	<input type="checkbox"/> SCBA or Type C airline respirator	

Part of Body	Hazard	Required PPE	Notes
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 Welding helmet/shield w/safety glasses and side shield	
	<input type="checkbox"/> Chemical – splashing	<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 or 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:	Other:	

THE FOLLOWING HAZARDS HAVE BEEN NOTED

Part of Body	Hazard	Required PPE	Notes
Ears	<input type="checkbox"/> Exposure to noise levels less than 85 dBA 8-hour TWA	<input type="checkbox"/> Ear muffs or ear plugs	
	<input type="checkbox"/> Exposure to noise levels less than 105 dBA 8-hour TWA	<input type="checkbox"/> Ear muffs and ear plugs	
	<input type="checkbox"/> Exposure to sparks	<input type="checkbox"/> Leather welding helmet	
	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:	
Feet	<input type="checkbox"/> Impact – heavy objects	<input type="checkbox"/> Steel toe safety shoes	Ansi
	<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	Non-conductive?
	<input type="checkbox"/> Penetration – sharp objects	<input type="checkbox"/> Puncture resistant soles	
	<input type="checkbox"/> Penetration – chemical	<input type="checkbox"/> Chemical resistant boots and/or 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:		
Part of Body	Hazard	Required PPE	Notes
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"/> Stuck by falling object <input type="checkbox"/> Struck against fixed object <input type="checkbox"/> Electrical contact with exposed wires/conductors	Hard Hat Class <input type="checkbox"/> Class A/G <input type="checkbox"/> Class B/E	
	<input type="checkbox"/> Special circumstances – no electrical protection	<input type="checkbox"/> Class C	
	<input type="checkbox"/> Hair entanglement or open flames	<input type="checkbox"/> Cap, hairnet, or bandana	
	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:	
Body	<input type="checkbox"/> Impact – flying objects	<input type="checkbox"/> Long sleeves, apron, or coat	
	<input type="checkbox"/> Moving vehicles	<input type="checkbox"/> Traffic vest	
	<input type="checkbox"/> Penetration – sharp objects	<input type="checkbox"/> Cut-resistant sleeves or wristlets	
	<input type="checkbox"/> Penetration – knives	<input type="checkbox"/> Metal mesh, Kevlar, steel mesh, heavy leather sleeves, wristlets, or aprons	
	<input type="checkbox"/> Electrical – static discharge	<input type="checkbox"/> Static control coat or coveralls	
	<input type="checkbox"/> Hot metal or sparks	<input type="checkbox"/> Flame-resistant jacket/pants or 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:	