PPE ASSESSMENT FORM

HAZARD REPORTED

Received (time and date): _____

Action: Immediate: _____ In Process: _____

Expected Completion Date: _____

_____ _____

Signed (Safety Director) Employee

PPE HAZARD ASSESSMENT LOG

BASED ON THE HAZARD ASSESSMENT FOR _____

(Job description)

THE FOLLOWING PPE IS RECOMMENDED.

- **Name the HAZARDOUS TASK.**
- **Identify the SOURCE: Biohazard, Radiation, Compressed Gas, Heat, Hydraulics, Electrical, Chemical, Mechanical.**
- **Identify the HAZARD: Eye, Head, Foot, Hand, or Other (specify).**
- **Indicate the recommended PPE.**

HAZARDOUS TASK	SOURCE	HAZARD	PPE