

drivdrivPERSONAL PROTECTIVE EQUIPMENT HAZARD ASSESSMENT FORM

<b>Task Reviewed: BAND SAW OPERATIONS</b>	<b>Date: 11 AUGUST 2023</b>	<b>Completed by: ALLEN WOFFARD, CONSULTANT</b>
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A worksite or task      Specify location or task: SAMPLE

**EYE/FACE HAZARDS**

Check the box for each hazard:		Description of hazard(s):	Controls in place:	Identify required PPE.
Chemical Exposure	Yes <input type="checkbox"/>		<input type="checkbox"/> Work in fume hoods	<input checked="" type="checkbox"/> Safety glasses
High Heat/Cold	Yes <input type="checkbox"/>		<input type="checkbox"/> Enclosure/guarding	<input type="checkbox"/> Safety goggles
Dust or Flying Debris	Yes <input checked="" type="checkbox"/>	Flying dust, debris, and fibers from materials being cut	<input type="checkbox"/> Shielding (bystanders)	<input type="checkbox"/> Face shield
Impact	Yes <input checked="" type="checkbox"/>	Potential from materials being handled or loaded	<input checked="" type="checkbox"/> Safe Work Practices	<input type="checkbox"/> Welding helmet
UV Light	Yes <input type="checkbox"/>		<input checked="" type="checkbox"/> Dust collection system	<input type="checkbox"/> Cutting goggles
Radiation	Yes <input type="checkbox"/>		<input type="checkbox"/> Other:	<input type="checkbox"/> Other:

**HEAD HAZARDS**

Check the box for each hazard:		Description of hazard(s):	Controls in place:	Identify required PPE.
Impact	Yes <input checked="" type="checkbox"/>	Potential from materials being handled or loaded	<input type="checkbox"/> Canopy	<input type="checkbox"/> Class G hard hat
Electrical Shock	Yes <input type="checkbox"/>		<input type="checkbox"/> De-energization	<input type="checkbox"/> Class E hard hat
Entanglement	Yes <input type="checkbox"/>		<input type="checkbox"/> Hair secured	<input type="checkbox"/> Class C hard hat
Other:	Yes <input type="checkbox"/>		<input checked="" type="checkbox"/> Other: Awareness	<input type="checkbox"/> Bump cap/welding cap

**FOOT/LEG HAZARDS**

Check the box for each hazard:		Description of hazard(s):	Controls in place:	Identify required PPE.
Chemical Exposure	Yes <input type="checkbox"/>		<input type="checkbox"/> Substitution	<input type="checkbox"/> Work boots
High Heat/Cold	Yes <input type="checkbox"/>		<input type="checkbox"/> Mechanical device used	<input checked="" type="checkbox"/> Safety toed shoes/boots
Impact/Compression	Yes <input checked="" type="checkbox"/>	Potential from materials being dropped	<input checked="" type="checkbox"/> Housekeeping	<input type="checkbox"/> Slip-resistant shoes
Puncture	Yes <input type="checkbox"/>		<input type="checkbox"/> Isolation/grounding	<input type="checkbox"/> Puncture-resistant shoes
Explosive/Flam. atmos.	Yes <input type="checkbox"/>		<input checked="" type="checkbox"/> Safe Work Practices	<input type="checkbox"/> Non-conductive
Slippery/Wet Surfaces	Yes <input checked="" type="checkbox"/>	Potential slip on cut materials	<input type="checkbox"/> Appropriate clothing	<input type="checkbox"/> Metatarsal protection
Electrical	Yes <input type="checkbox"/>		<input type="checkbox"/> Other:	<input type="checkbox"/> Shin guards
Other:	Yes <input type="checkbox"/>		<input type="checkbox"/> Other:	<input type="checkbox"/> Other:

**HAND/ARM HAZARDS**

Check the box for each hazard:		Description of hazard(s):	Controls in place:	Identify required PPE.
Chemical Exposure	Yes <input type="checkbox"/>		<input type="checkbox"/> Substitution	<input type="checkbox"/> Chemical-resistant gloves
High Heat or Cold	Yes <input type="checkbox"/>		<input type="checkbox"/> De-energization	<input type="checkbox"/> Thermal-protective gloves
Cuts or Abrasion	Yes <input checked="" type="checkbox"/>	Potential from materials being handled or loaded	<input type="checkbox"/> Elimination	<input type="checkbox"/> Cut-resistant gloves
Puncture	Yes <input type="checkbox"/>		<input type="checkbox"/> Avoidance	<input checked="" type="checkbox"/> Leather gloves
Electrical Shock	Yes <input type="checkbox"/>		<input checked="" type="checkbox"/> Safe Work Practices	<input type="checkbox"/> Voltage-rated-Class:
Radiation	Yes <input type="checkbox"/>		<input type="checkbox"/> Other:	<input type="checkbox"/> Latex/nylon exam gloves
Vibration/grip	Yes <input checked="" type="checkbox"/>	Controlling materials while cutting	<input type="checkbox"/> Other:	<input type="checkbox"/> Anti-vibration gloves
Bloodborne Pathogens	Yes <input type="checkbox"/>			

<b>BODY/TORSO HAZARDS</b>				
<i>Check the box for each hazard:</i>		<i>Description of hazard(s):</i>	<i>Controls in place:</i>	<i>Identify required PPE.</i>
Chemical Exposure	Yes <input type="checkbox"/>		<input type="checkbox"/> Reduce time exposed	<input type="checkbox"/> Lab coat
Extreme Heat/Cold	Yes <input type="checkbox"/>		<input type="checkbox"/> Guards/barriers	<input type="checkbox"/> Apron:
Radiation	Yes <input type="checkbox"/>		<input type="checkbox"/> Substitution	<input type="checkbox"/> Flame-retardant
Impact	Yes <input checked="" type="checkbox"/>	Potential from materials being handled or loaded	<input type="checkbox"/> De-energization	<input type="checkbox"/> Coveralls
Cut/Abrasion/Puncture	Yes <input type="checkbox"/>		<input type="checkbox"/> Mechanical devices	<input type="checkbox"/> Vest
Electrical Arc	Yes <input type="checkbox"/>		<input checked="" type="checkbox"/> Safe Work Practices	<input type="checkbox"/> Tyvek suit
Pushing/pulling/lifting	Yes <input checked="" type="checkbox"/>	Loading/ Unloading	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:
<b>FALL HAZARDS</b> Work on a surface with an unprotected side or edge that is 4 feet or more above a lower level				
<i>Check the box for each hazard:</i>		<i>Description of hazard(s):</i>	<i>Controls in place:</i>	<i>Identify required PPE.</i>
Fall hazard	Yes <input type="checkbox"/>		<input type="checkbox"/> Guardrail <input type="checkbox"/> Safe ladder practices	<input type="checkbox"/> Full-body harness
<b>NOISE HAZARDS</b> Noise exceeding 90 dBA during an 8-hour work period				
<i>Check the box for each hazard:</i>		<i>Description of hazard(s):</i>	<i>Controls in place:</i>	<i>Based upon evaluation, the following PPE is required:</i>
Noise hazard	Yes <input checked="" type="checkbox"/>	> 85 - 90 dB during operation	<input type="checkbox"/> Noise reduction	<input checked="" type="checkbox"/> Ear plugs
Ultrasonics	Yes <input type="checkbox"/>		<input type="checkbox"/> Reduced exposure	<input type="checkbox"/> Earmuffs
<b>RESPIRATORY HAZARDS</b> Harmful dusts, mists, fumes				
<i>Check the box for each hazard:</i>		<i>Description of hazard(s):</i>	<i>Controls in place:</i>	<i>Based upon evaluation, the following PPE is required:</i>
Chemicals/pesticides	Yes <input type="checkbox"/>		<input type="checkbox"/> Fume hood	<input type="checkbox"/> Half-face
Particulates	Yes <input type="checkbox"/>		<input type="checkbox"/> Local exhaust ventilation	<input type="checkbox"/> Full-face
Confined space work	Yes <input type="checkbox"/>		<input type="checkbox"/> Increase air flow	<input type="checkbox"/> Airline/SCBA
Welding/cutting fumes	Yes <input type="checkbox"/>		<input type="checkbox"/> Filtration	<input type="checkbox"/> PAPR
Other	Yes <input type="checkbox"/>		<input type="checkbox"/> Work outside	<input type="checkbox"/> Dust mask

I certify that the above inspection was performed to the best of my knowledge and ability, based on the hazards present on the date, listed on the front page.

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Signature