

Job Hazard Assessment & Personal Protective Equipment (PPE) Selection Tool

***This form is intended for use if the individual/job and/or process does not utilize the Risk & Safety Solutions web-based assessment tool. ***

Name of Supervisor Performing Evaluation:	Date:	
Evaluation for (Individual(s)/Job/Process):		
EH&S Reviewer:		

Instructions: 1) Use this form to perform a documented Job Hazard Assessment (JHA) for <u>each job task</u> that necessitates the use of personal protective equipment (PPE). Examples of hazards include, but are not limited to: Physical (impact, penetration, injection, compression, laceration, noise, heat/cold, vibration, fall, electrical, ergonomic, light (UV, visible, infrared), biological (animals, plants, fungi, microbial, viral), chemical, and radioactive. 2) Provide documented training to affected employees using the attached training roster. 3) If hazards, PPE, controls, or work practices change, this form must be updated and the employee(s) retrained. 4) Maintain this documentation until the tasks are no longer performed. Note that these Personal Protective Equipment (PPE) controls should be used in conjunction with other controls (engineering, administrative, and work practices). Please contact the CPP Environmental Health & Safety department at ehs@cpp.edu for assistance and review.

Task/Chemical	Maximum Daily Exposure and Use Frequency	Hazards	Required PPE and Controls (please specify)
Welding (EXAMPLE)	Intermittent: Up to	Welding fumes, UV light,	RESPIRATOR: Half-face APR w/ P100 Cartridges or P-
	4 hours per day	noise, and heat.	100 Filtering Facepiece Respirator (FFR)
			EYE / FACE: Welding Helmet
			HAND: Leather Welding Gloves
			FOOT: Flame resistant work Boots
			BODY: Flame Resistant Clothing/Apron
			HEARING: Earmuffs or plugs
			ADDITIONAL CONTROLS: HEPA filtered fume extractor
Cleaning/disinfecting	Daily: Up to 8	DANGER – Read	RESPIRATOR: None required with adequate
with 1% bleach	hours per day	manufacture's label and	ventilation. Notify the supervisor immediately if
solution (EXAMPLE)		use only as directed. Open	using it in enclosed and/or poorly ventilated areas,
		doors and windows or use	or if irritation occurs.
		outdoors to ensure	EYE / FACE: Safety glasses that provide front, brow,
		adequate ventilation. It	and temple protection, goggles, or face shield that
		causes severe skin burns	conform to ANSI Z87.1-2010 and are compatible
		and eye damage. Do not get on skin or in eyes. Do	with prescription lenses where needed.
		not breathe. Wash face,	HAND: Rubber or Neoprene gloves
		hands and any exposed	FOOT: Closed-toe shoes
		skin thoroughly after	Body: Work clothes, or chemical resistant
		handling. Do not ingest.	coveralls/apron if risk of splash OTHER:
		nanamig. 50 not nigest.	ADDITIONAL CONTROLS:
			Additional Controls.
			RESPIRATOR:
			EYE / FACE:
			HAND:
			FOOT:
			BODY:
			HEARING:
			Additional Controls:

	RESPIRATOR:
	EYE / FACE:
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	Additional Controls:
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1	Additional Controls: