

# THE RISK OBSERVER

FOUNDED 2006 — VOL. GLXI

PROFESSIONAL UNDERWRITERS

DAILY 5 CENTS, SUNDAY 15 CENTS

## PERSONAL PROTECTIVE EQUIPMENT HAZARD ASSESSMENT

Company Name:		Location:		Job Task(s):		
HAZARD		SELECTION OF PPE		HAZARD SEVERITY		
MISHAP PROBABILITY						
<b>EYE/FACE</b> <input type="checkbox"/> Flying Objects <input type="checkbox"/> Splash (Metals) <input type="checkbox"/> Splash (Chemicals) <input type="checkbox"/> Dusts <input type="checkbox"/> Mists <input type="checkbox"/> Gas Welding (Shade 4-8) <input type="checkbox"/> Cutting/Torch (Shade 3-6) <input type="checkbox"/> Brazing (Shade 3-4) <input type="checkbox"/> Weld/Electric (Shade 10-14) Other:		<input type="checkbox"/> Spectacle <input type="checkbox"/> Spectacle w/Side Shield <input type="checkbox"/> Face Shield <input type="checkbox"/> Goggles <input type="checkbox"/> Sealed Goggles <input type="checkbox"/> Welding Helmet <input type="checkbox"/> Welding Shield Other:		<input type="checkbox"/> CAT I: Catastrophic Hazard may cause death.  <input type="checkbox"/> CAT II: Critical May cause severe injury, severe illness or disability  <input type="checkbox"/> CAT III: Marginal May cause minor injury or minor illness.  <input type="checkbox"/> CAT IV: Negligible Probably would not cause injury or minor illness		<input type="checkbox"/> A Likely to occur immediately or within a short period of time  <input type="checkbox"/> B Probably will occur in time  <input type="checkbox"/> C May occur in time  <input type="checkbox"/> D Unlikely to occur
<b>HEAD</b> <input type="checkbox"/> Falling Objects <input type="checkbox"/> Electrical Shock		<input type="checkbox"/> Class A (<2,000 volts) <input type="checkbox"/> Class B (>2,000 volts) <input type="checkbox"/> Class C (Conductive)		<input type="checkbox"/> CAT I: Catastrophic <input type="checkbox"/> CAT II: Critical <input type="checkbox"/> CAT III: Marginal <input type="checkbox"/> CAT IV: Negligible		<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D
<b>FOOT</b> <input type="checkbox"/> Falling Objects <input type="checkbox"/> Rolling Objects <input type="checkbox"/> Piercing Sole <input type="checkbox"/> Electrical Hazard <input type="checkbox"/> Metatarsal Protection		<input type="checkbox"/> Safety Tip Shoes <input type="checkbox"/> Safety Shoes w/metatarsal protection <input type="checkbox"/> Other		<input type="checkbox"/> CAT I: Catastrophic <input type="checkbox"/> CAT II: Critical <input type="checkbox"/> CAT III: Marginal <input type="checkbox"/> CAT IV: Negligible		<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D
<b>HAND</b> <input type="checkbox"/> Chemical Sorption <input type="checkbox"/> Chemical Burns <input type="checkbox"/> Abrasions <input type="checkbox"/> Punctures <input type="checkbox"/> Thermal Burns <input type="checkbox"/> Temperature Extremes		<input type="checkbox"/> Leather Gloves <input type="checkbox"/> Kevlar Gloves <input type="checkbox"/> Cryogenic Gloves <input type="checkbox"/> Chemical Gloves Material: _____ Other: cloth gloves are also acceptable		<input type="checkbox"/> CAT I: Catastrophic <input type="checkbox"/> CAT II: Critical <input type="checkbox"/> CAT III: Marginal <input type="checkbox"/> CAT IV: Negligible		<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D

Certified By:

Date:



NEW YORK STATE SAFETY GROUP 491