

| | | | |
|-------------|-------------------------------|--|-----------------------------|
| 2006 | Hazard Assessment Form | | Reference – 29 CFR 1910.132 |
| | Facility: _____ | | |
| Work Area: | Assessment by: | | |
| | Date: | | |

This form will help you assess work activity, work related exposure, and selecting PPE for the workplace. This form will also help you: (1) implement OSHA’s Personal Protective Equipment Standard-1910.132 and, (2) review common types of hazards inherent in various workplace operations and processes, or as a result of working with or around equipment.

The Occupational Safety and Health Administration requires that employers protect their employees from workplace hazards that can cause an injury. It is always advisable to remove the hazard at its source to afford the best protection for employees who may be exposed to an injury. OSHA recommends the use of engineering controls such as a barrier to protect the employee from the hazard or to change the work practice control or process such as substituting with a less injurious product. When these measures are not feasible or unable to provide sufficient protection, personal protective equipment (PPE) must be provided to prevent injuries from recognized or potential hazards in the workplace. Conduct a walk through survey of your work area and observe if any of the following hazard categories, or others not listed, are present. When a hazard is observed, consider if the hazard can be removed with an effective engineering or workplace control measure.

EHS staff are always available to answer any questions and to assist you with your Hazard Assessment Form. Please give us a call at 434-982-4911.

In addition to this form, EHS provides a Hazard Assessment Survey for download. Visit the [PPE webpage](#) for more information.

| EYES | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><u>Work activities, such as:</u></p> <input type="checkbox"/> abrasive blasting <input type="checkbox"/> sanding <input type="checkbox"/> chopping <input type="checkbox"/> sawing <input type="checkbox"/> cutting <input type="checkbox"/> grinding <input type="checkbox"/> drilling <input type="checkbox"/> hammering <input type="checkbox"/> welding <input type="checkbox"/> chipping <input type="checkbox"/> soldering <input type="checkbox"/> torch brazing <input type="checkbox"/> working outdoors <input type="checkbox"/> computer work <input type="checkbox"/> punch press operations <input type="checkbox"/> other: | <p><u>Work-related exposure to:</u></p> <input type="checkbox"/> airborne dust <input type="checkbox"/> dirt <input type="checkbox"/> UV <input type="checkbox"/> flying particles/objects <input type="checkbox"/> blood splashes <input type="checkbox"/> hazardous liquid chemicals mists <input type="checkbox"/> chemical splashes <input type="checkbox"/> molten metal splashes <input type="checkbox"/> glare/high intensity lights <input type="checkbox"/> laser operations <input type="checkbox"/> intense light <input type="checkbox"/> hot sparks <input type="checkbox"/> other: | <p><u>Can hazard be eliminated without the use of PPE?</u> Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><u>If no, use:</u></p> <input type="checkbox"/> Safety glasses <input type="checkbox"/> Safety goggles <input type="checkbox"/> Dust-tight goggles <input type="checkbox"/> Impact goggles <input type="checkbox"/> Welding helmet/shield <input type="checkbox"/> Chemical goggles <input type="checkbox"/> Chemical splash goggles <input type="checkbox"/> Laser goggles <input type="checkbox"/> Shading/Filter (# _____) <input type="checkbox"/> Welding shield <input type="checkbox"/> Other: |
| <p style="text-align: right;"><u>With:</u></p> <input type="checkbox"/> Side shields <input type="checkbox"/> Face shield <input type="checkbox"/> Shaded <input type="checkbox"/> Prescription | | |
| FACE | | |
| <p><u>Work activities, such as:</u></p> <input type="checkbox"/> cleaning <input type="checkbox"/> foundry work <input type="checkbox"/> cooking <input type="checkbox"/> welding <input type="checkbox"/> siphoning <input type="checkbox"/> mixing <input type="checkbox"/> painting <input type="checkbox"/> pouring molten <input type="checkbox"/> dip tank operations metal <input type="checkbox"/> pouring <input type="checkbox"/> working outdoors <input type="checkbox"/> other: | <p><u>Work-related exposure to:</u></p> <input type="checkbox"/> hazardous liquid chemicals <input type="checkbox"/> extreme heat <input type="checkbox"/> extreme cold <input type="checkbox"/> potential irritants: <input type="checkbox"/> other: | <p><u>Can hazard be eliminated without the use of PPE?</u> Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><u>If no, use:</u></p> <input type="checkbox"/> Face shield <input type="checkbox"/> Shading/Filter (# _____) <input type="checkbox"/> Welding shield <input type="checkbox"/> Other: |

| HEAD | | | | | | | | | | | | | | | | | | | | | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|----------------------------------|-----------------------------------|---------------------------------|----------------------------------|------------------------------------|---------------------------------------------|--------------------------------------------|------------------------------------------|-------------------------------------------|---------------------------------------|--|----------------------------------------------------------|--|-------------------------------------------|--|----------------------------------------|--|---------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><u>Work activities, such as:</u></p> <input type="checkbox"/> building maintenance <input type="checkbox"/> confined space operations <input type="checkbox"/> construction <input type="checkbox"/> electrical wiring <input type="checkbox"/> walking/working under catwalks <input type="checkbox"/> walking/working on catwalks <input type="checkbox"/> walking/working under conveyor belts <input type="checkbox"/> working with/around conveyor belts <input type="checkbox"/> walking/working under crane loads <input type="checkbox"/> utility work <input type="checkbox"/> other: | <p><u>Work-related exposure to:</u></p> <input type="checkbox"/> beams <input type="checkbox"/> pipes <input type="checkbox"/> exposed electrical wiring or components <input type="checkbox"/> falling objects <input type="checkbox"/> fixed object <input type="checkbox"/> machine parts <input type="checkbox"/> other: | <p><u>Can hazard be eliminated without the use of PPE?</u> Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><u>If no, use:</u></p> <input type="checkbox"/> Protective Helmet <input type="checkbox"/> Type A (low voltage) <input type="checkbox"/> Type B (high voltage) <input type="checkbox"/> Type C <input type="checkbox"/> Bump cap (not ANSI-approved) <input type="checkbox"/> Hair net or soft cap <input type="checkbox"/> Other: | | | | | | | | | | | | | | | | | | | | | | |
| HANDS/ARMS | | | | | | | | | | | | | | | | | | | | | | | | |
| <p><u>Work activities, such as:</u></p> <table border="0"> <tr> <td><input type="checkbox"/> baking</td> <td><input type="checkbox"/> material handling</td> </tr> <tr> <td><input type="checkbox"/> cooking</td> <td><input type="checkbox"/> sanding</td> </tr> <tr> <td><input type="checkbox"/> grinding</td> <td><input type="checkbox"/> sawing</td> </tr> <tr> <td><input type="checkbox"/> welding</td> <td><input type="checkbox"/> hammering</td> </tr> <tr> <td><input type="checkbox"/> working with glass</td> <td><input type="checkbox"/> using power tools</td> </tr> <tr> <td><input type="checkbox"/> using computers</td> <td><input type="checkbox"/> working outdoors</td> </tr> <tr> <td><input type="checkbox"/> using knives</td> <td></td> </tr> <tr> <td><input type="checkbox"/> dental and health care services</td> <td></td> </tr> <tr> <td><input type="checkbox"/> garbage disposal</td> <td></td> </tr> <tr> <td><input type="checkbox"/> computer work</td> <td></td> </tr> <tr> <td><input type="checkbox"/> other:</td> <td></td> </tr> </table> | <input type="checkbox"/> baking | <input type="checkbox"/> material handling | <input type="checkbox"/> cooking | <input type="checkbox"/> sanding | <input type="checkbox"/> grinding | <input type="checkbox"/> sawing | <input type="checkbox"/> welding | <input type="checkbox"/> hammering | <input type="checkbox"/> working with glass | <input type="checkbox"/> using power tools | <input type="checkbox"/> using computers | <input type="checkbox"/> working outdoors | <input type="checkbox"/> using knives | | <input type="checkbox"/> dental and health care services | | <input type="checkbox"/> garbage disposal | | <input type="checkbox"/> computer work | | <input type="checkbox"/> other: | | <p><u>Work-related exposure to:</u></p> <input type="checkbox"/> blood <input type="checkbox"/> irritating chemicals <input type="checkbox"/> tools or materials that could scrape, bruise, or cut <input type="checkbox"/> extreme heat <input type="checkbox"/> extreme cold <input type="checkbox"/> animal bites <input type="checkbox"/> electric shock <input type="checkbox"/> vibration <input type="checkbox"/> musculoskeletal disorders <input type="checkbox"/> sharps injury <input type="checkbox"/> other: | <p><u>Can hazard be eliminated without the use of PPE?</u> Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><u>If no, use:</u></p> <input type="checkbox"/> Gloves <input type="checkbox"/> Chemical resistance <input type="checkbox"/> Liquid/leak resistance <input type="checkbox"/> Temperature resistance <input type="checkbox"/> Abrasion/cut resistance <input type="checkbox"/> Slip resistance <input type="checkbox"/> Latex or nitrile <input type="checkbox"/> Anti-vibration <input type="checkbox"/> Protective sleeves <input type="checkbox"/> Ergonomic equipment _____ <input type="checkbox"/> Other: |
| <input type="checkbox"/> baking | <input type="checkbox"/> material handling | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> cooking | <input type="checkbox"/> sanding | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> grinding | <input type="checkbox"/> sawing | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> welding | <input type="checkbox"/> hammering | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> working with glass | <input type="checkbox"/> using power tools | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> using computers | <input type="checkbox"/> working outdoors | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> using knives | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> dental and health care services | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> garbage disposal | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> computer work | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> other: | | | | | | | | | | | | | | | | | | | | | | | | |

| FEET/LEGS | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><u>Work activities, such as:</u></p> <input type="checkbox"/> building maintenance <input type="checkbox"/> construction <input type="checkbox"/> demolition <input type="checkbox"/> food processing <input type="checkbox"/> foundry work <input type="checkbox"/> working outdoors <input type="checkbox"/> logging <input type="checkbox"/> plumbing <input type="checkbox"/> trenching <input type="checkbox"/> use of highly flammable materials <input type="checkbox"/> welding <input type="checkbox"/> other: | <p><u>Work-related exposure to:</u></p> <input type="checkbox"/> explosive atmospheres <input type="checkbox"/> explosives <input type="checkbox"/> exposed electrical wiring <input type="checkbox"/> heavy equipment <input type="checkbox"/> slippery surfaces <input type="checkbox"/> impact from objects <input type="checkbox"/> pinch points <input type="checkbox"/> crushing <input type="checkbox"/> slippery/wet surface <input type="checkbox"/> sharps injury <input type="checkbox"/> blood <input type="checkbox"/> chemical splash <input type="checkbox"/> chemical penetration <input type="checkbox"/> extreme heat/cold <input type="checkbox"/> fall <input type="checkbox"/> other: | <p><u>Can hazard be eliminated without the use of PPE?</u> Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><u>If no, use:</u></p> <input type="checkbox"/> Safety shoes or boots <input type="checkbox"/> Toe protection <input type="checkbox"/> Metatarsal protection <input type="checkbox"/> Electrical protection <input type="checkbox"/> Heat/cold protection <input type="checkbox"/> Puncture resistance <input type="checkbox"/> Chemical resistance <input type="checkbox"/> Anti-slip soles <input type="checkbox"/> Leggings or chaps <input type="checkbox"/> Foot-Leg guards <input type="checkbox"/> Other: |
| BODY/SKIN | | |
| <p><u>Work activities such as:</u></p> <input type="checkbox"/> baking or frying <input type="checkbox"/> battery charging <input type="checkbox"/> dip tank operations <input type="checkbox"/> fiberglass installation <input type="checkbox"/> sawing <input type="checkbox"/> other: | <p><u>Work-related exposure to:</u></p> <input type="checkbox"/> chemical splashes <input type="checkbox"/> extreme heat <input type="checkbox"/> extreme cold <input type="checkbox"/> sharp or rough edges <input type="checkbox"/> irritating chemicals <input type="checkbox"/> other: | <p><u>Can hazard be eliminated without the use of PPE?</u> Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><u>If no, use:</u></p> <input type="checkbox"/> Vest, Jacket <input type="checkbox"/> Coveralls, Body suit <input type="checkbox"/> Raingear <input type="checkbox"/> Apron <input type="checkbox"/> Welding leathers <input type="checkbox"/> Abrasion/cut resistance <input type="checkbox"/> Other: <p><u>With:</u></p> <input type="checkbox"/> Long sleeves |

| BODY/WHOLE | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><u>Work activities such as:</u></p> <input type="checkbox"/> building maintenance <input type="checkbox"/> construction <input type="checkbox"/> logging <input type="checkbox"/> computer work <input type="checkbox"/> working outdoors <input type="checkbox"/> utility work <input type="checkbox"/> other: _____ | <p><u>Work-related exposure to:</u></p> <input type="checkbox"/> working from heights of 10 feet or more <input type="checkbox"/> impact from flying objects <input type="checkbox"/> impact from moving vehicles <input type="checkbox"/> sharps injury <input type="checkbox"/> blood <input type="checkbox"/> electrical/static discharge <input type="checkbox"/> hot metal <input type="checkbox"/> musculoskeletal disorders <input type="checkbox"/> sparks <input type="checkbox"/> chemicals <input type="checkbox"/> extreme heat/cold <input type="checkbox"/> elevated walking/working surface <input type="checkbox"/> working near water <input type="checkbox"/> injury from slip/trip/fall <input type="checkbox"/> other: _____ | <p><u>Can hazard be eliminated without the use of PPE?</u> Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><u>If no, use:</u></p> <input type="checkbox"/> Fall Arrest/Restraint <input type="checkbox"/> Traffic vest <input type="checkbox"/> Static coats/overalls <input type="checkbox"/> Flame resistant jacket/pants <input type="checkbox"/> Insulated jacket <input type="checkbox"/> Cut resistant sleeves/wristlets <input type="checkbox"/> hoists/lifts <input type="checkbox"/> ergonomic equipment: _____ <input type="checkbox"/> Other: _____ <p><u>With:</u></p> <input type="checkbox"/> Hood <input type="checkbox"/> Full sleeves |
| LUNGS/RESPIRATORY | | |
| <p><u>Work activities such as:</u></p> <input type="checkbox"/> cleaning <input type="checkbox"/> mixing <input type="checkbox"/> painting <input type="checkbox"/> fiberglass installation <input type="checkbox"/> compressed air or gas operations <input type="checkbox"/> confined space work <input type="checkbox"/> floor installation <input type="checkbox"/> ceiling repair <input type="checkbox"/> working outdoors <input type="checkbox"/> other: _____ | <p><u>Work-related exposure to:</u></p> <input type="checkbox"/> dust or particulate <input type="checkbox"/> toxic gas/vapor <input type="checkbox"/> chemical irritants (acids) <input type="checkbox"/> welding fume <input type="checkbox"/> asbestos <input type="checkbox"/> pesticides <input type="checkbox"/> organic vapors <input type="checkbox"/> oxygen deficient environment <input type="checkbox"/> paint spray <input type="checkbox"/> extreme heat/cold <input type="checkbox"/> other: _____ | <p><u>Can hazard be eliminated without the use of PPE?</u> Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><u>If no, use:</u></p> <input type="checkbox"/> Dust mask <input type="checkbox"/> Disposable particulate respirator <input type="checkbox"/> Replaceable filter particulate w/cartridge <input type="checkbox"/> PAPR (Air recycle) <input type="checkbox"/> PPSA (Air supply) |

EARS/HEARING
Work activities such as:

- | | |
|-------------------------------------------------|------------------------------------|
| <input type="checkbox"/> generator | <input type="checkbox"/> grinding |
| <input type="checkbox"/> ventilation fans | <input type="checkbox"/> machining |
| <input type="checkbox"/> motors | <input type="checkbox"/> routers |
| <input type="checkbox"/> sanding | <input type="checkbox"/> sawing |
| <input type="checkbox"/> pneumatic equipment | <input type="checkbox"/> sparks |
| <input type="checkbox"/> punch or brake presses | |
| <input type="checkbox"/> use of conveyors | |
| <input type="checkbox"/> other: | |

Work-related exposure to:

-
- loud noises
-
-
- loud work environment
-
-
- noisy machines/tools
-
-
- punch or brake presses
-
-
- other:

Can hazard be eliminated without the use of PPE?

 Yes No
If no, use:

-
- ear muffs
-
-
- ear plugs
-
-
- leather welding hood