Certification of Hazard Assessment

For:

Job description

PPE (personal protective equipment) in necessary during the following working conditions or when performing the following tasks:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The PPE necessary to work in the above conditions are:

# Part of Body Specify exact type

[ ]  Eye / Face Protection

[ ]  Respiratory Protection

[ ]  Hand / Skin Protection

[ ]  Hearing Protection

[ ]  Head Protection

[ ]  Foot Protection

[ ]  Body Protection

[ ]  Other Protection

Certified by: Date:

Please sign below that you have been instructed and have demonstrated your ability to:

[ ]  Adjust and properly wear your PPE

[ ]  Know the limitations of your PPE, including its useful lifetime

[ ]  Maintain, store and dispose of your PPE

Employee Name Signature Date

Certified by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_