| **Section 3** | **Personal Protective Equipment**  **Hazard Assessment** | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Form 1** |
| **EYE and FACE HAZARDS** | | | | **N/A** | | **YES** | **NO** |
| Does your employee(s) perform tasks, or work near employees who perform tasks, which produce any of the following hazards: | | | |
| Chemical(s) | | Biological(s) | Bloodborne Pathogens | | Extreme Heat/Cold | | |
| Flying Particles/Dust | | Mist/Fumes | Impact | | Explosives | | |
| UV Light (welding) | | Radiation | Lasers | | Other Intense Light | | |
| Other Hazardous Liquids | | Physical/Chemical Irritants | Other (*specify*): | | Other (*specify*): | | |
| **Controls in Place** | | | | | | | |
| Chemical Fume Hood | | Biosafety Cabinet | Enclosure | | Guarding | | |
| Shielding | | Safe Work Practices | Dust Collection System | | Distancing | | |
| Other (*specify*): | | Other (*specify*): | Other (*specify*): | | Other (*specify*): | | |
| **PPE Requirements** | | | | | | | |
| Safety Glasses | | Goggles (chemical) | Goggles (non-vented) | | Welding Helmet | | |
| Spectacles w/ side shields | | Goggles (cutting) | Goggles (vented) | | Arc-Flash Hood | | |
| Face Shield (solid/non-impact) | | Face Shield (mesh/non-impact) | Tinted Lens | | Laser Eyewear | | |
| Other (*specify*): | | Other (*specify*): | Other (*specify*): | | Other (*specify*): | | |
| **Additional Comments:** | | | | | | | |
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