| **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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