| **Section 3**  | **Personal Protective Equipment****Hazard Assessment** |
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| **Form 2** |
| **HEAD 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: |
| [ ]  Impact (overhead) | [ ]  Low Clearance  | [ ]  Falling Objects | [ ]  Electrical Components |
| [ ]  Impact/Strike from above | [ ]  Impact/Strike from side | [ ]  Exposure to beams, machine parts, pipes, etc. | [ ]  Cut/Laceration/Puncture |
| [ ]  Heavy Equipment | [ ]  Explosives | [ ]  Entanglement  | [ ]  Long Hair  |
| ☐ Other (specify):  | ☐ Other (specify):  | ☐ Other (specify):  | ☐ Other (specify):  |
| **Controls in Place** |
| [ ]  Toeboards | [ ]  Canopy | [ ]  Safety Net | [ ]  De-energized  |
| [ ]  Hair Secured/Pulled Back | ☐ Other (specify):  | ☐ Other (specify):  | ☐ Other (specify):  |
| **PPE Requirements**  |
| [ ]  Hard Hat (Class A – general) | [ ]  Hard Hat (Class B – electrical) | [ ]  Hard Hat (Class C – limited protection) | [ ]  Safety Helmet with chin strap |
| [ ]  Bump Cap | ☐ Other (specify):  | ☐ Other (specify):  | ☐ Other (specify):  |
| **Additional Comments:**  |
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