| **Section 3** | **Personal Protective Equipment**  **Hazard Assessment** | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **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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