| **Section 3**  | **Personal Protective Equipment****Hazard Assessment** |
| --- | --- |
| **Form 5** |
| **BODY 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)  | [ ]  Extreme Heat/Cold | [ ]  Radiation  |
| [ ]  Particles/Liquids  | [ ]  Cut/Laceration/Puncture | [ ]  Friction/Abrasion  | [ ]  Electrical  |
| [ ]  Impact  | [ ]  Moving Equipment  | [ ]  Falling Objects | [ ]  Arc |
| [ ]  Pinch Points  | [ ]  Dangerous Machinery  | [ ]  Low Visibility | [ ]  Irritants  |
| ☐ Other (*specify*):  | ☐ Other (*specify*):  | ☐ Other (*specify*):  | ☐ Other (*specify*):  |
| **Controls in Place** |
| [ ]  Substitution  | [ ]  Elimination  | [ ]  Mechanical Devices  | [ ]  De-energized  |
| [ ]  Guarding/Shielding  | [ ]  Distancing  | [ ]  Exposure Time Reduced  | [ ]  Hair Secured/Pulled Back |
| ☐ Other (*specify*):  | ☐ Other (*specify*):  | ☐ Other (*specify*):  | ☐ Other (*specify*):  |
| **PPE Requirements** |
| [ ]  Lab Coat  | [ ]  Coveralls  | [ ]  Apron | [ ]  Flame-Resistant Clothing |
| [ ]  High Visibly Clothing (*specify*):  | [ ]  “Tyvek” Suit | [ ]  Aluminized Clothing | [ ]  Arc-Flash Suit |
| [ ]  Surgical Gown  | ☐ Other (*specify*):  | ☐ Other (*specify*):  | ☐ Other (*specify*):  |
| **Additional Comments:**  |
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