**Arizona State University**

## Certificate of Hazard Assessment | Personal Protective Equipment | Gas powered auger

All managers and supervisors must survey the work areas and activities under their control to determine where personal protective equipment, or PPE, may be required.

**Instructions**
Identify the workplace location. Conduct a walkthrough survey of the workplace and list the tasks or job functions that require PPE. Ensure PPE has an acceptable ANSI rating based on the chart provided on the back of this sheet. Conduct interviews with employees while performing field observations when necessary and complete this form. Sign and date this certificate. The completed certificate should remain on file in your area and additional areas required by your department.

**Please note:**
When determining if a potential hazard exists, consideration should be given to the following:
- Employee's perception of hazards.
- History of employee complaints or concerns.
- History of injuries or illnesses related to the workplace or job.

| Task | Potential hazard | PPE required |
|---|---|---|
| General use | Dust/particles generated during machine operation, exhaust fumes. | N95 or half-face respirator with P100 filters. |
| | Eye injury. | Safety glasses with side shield or appropriate safety goggles. |
| | Struck by. | Work gloves, safety glasses, hard hat. |
| | Noise. | Ear plugs or ear muffs. |
| | Foot injury. | Safety shoes. |
| | Hand injury. | Gloves, machine guards, situational awareness. |
| | Fire. | Appropriate placed fire extinguisher, remove all combustible and fire hazards. |
| | Trauma. | Situational awareness, PPE, machine guards, manufacturer's instructions followed, **do not** wear loose clothing. |

**Impact-rated face shields will be marked Z87 +**

| Observation | | |
|---|---|---|
| Are employees wearing PPE appropriate to tasks? Yes ☐ No ☐ | Is PPE worn and adjusted properly? Yes ☐ No ☐ | Is PPE maintained in good condition? Yes ☐ No ☐ |

If no, describe the corrective action taken:

I_____, certify that the above location has been evaluated for potential hazards and the appropriate PPE, and that training has been performed.

Signature of Assessor _____     Date _____