

## Certificate of Hazard Assessment Personal Protective Equipment | Automaintenance

All managers and supervisors must survey the work areas and activities under their control to determine where Personal Protective Equipment (PPE) may be required.

**Instructions:** Identify the workplace location. Conduct a walkthrough survey of the workplace and list the task 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
	Heat, flying objects, automotive fluids splashing/contact, noise, particulates, lacerations, kneeling.	Long sleeve shirt, hat, safety glasses, hearing protection, N95 dust mask, nitrile or work gloves, knee pads, face shield, safety shoes.
Battery maintenance - refill electrolyte.	Skin contact, eye exposure.	Nitrile gloves, safety glasses.
Battery maintenance - damaged or leaking battery.	Skin contact, eye exposure.	Chemical-resistant gloves, safety glasses, face-shield and apron.
	Skin contact, eye exposure, thermal burns.	Long-sleeve shirt, safety glasses and nitrile or work gloves.
_	Flying objects, struck by, caught between.	Safety glasses, work gloves, safety shoes.
Observation		
Are employees wearing PPE appropriate to tasks?	Is PPE worn and adjusted properly?	Is PPE maintained in good condition?
Yes □ No □	Yes   No	Yes □ No □

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If no, describe the corrective action taken:				
, 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		