

Certificate of Hazard Assessment Personal Protective Equipment | Bench Grinder

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 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:

- Employees 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
Grinding	Inhalation of dust/particles generated during machine operation.	Appropriate natural ventilation, half-faced respiratory protection
	Eye Injury from flying debris.	Safety goggles/face shield
	Trauma, flying debris.	Situational awareness, protective clothing, machine guards, ANSI impacted rated safety goggles/face shield
	Foot injury from object dropped on foot.	Safety shoes, closed-toed shoes
	Hand injury form impact, penetration, or compression	Gloves, situational awareness
	Head injury from flying debris	Hard hat, ANSI impacted rated safety goggles/face shield
	Fire, heat, sparks	Fire extinguisher, remove combustibles from area
	Electrical shock	Lockout/tagout, proper grounding of frame, follow manufacturer's instruction

Observation		
Are employees wearing PPE appropriate to tasks? Yes <input type="checkbox"/> No <input type="checkbox"/>	Is PPE worn and adjusted properly? Yes <input type="checkbox"/> No <input type="checkbox"/>	Is PPE maintained in good condition? Yes <input type="checkbox"/> No <input type="checkbox"/>

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: _____