

Certificate of Hazard Assessment Personal Protective Equipment | Mowing and trimming

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 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
Filling gas cans, fueling equipment.	Splash, skin contact, inhalation, traffic.	Long-sleeve shirt (optional), hat, safety glasses, reflective vest near traffic and work gloves.
Loading/unloading mowers and other equipment.	Lacerations, caught between, heavy material handling inhalation, traffic.	Long-sleeve shirt (optional), hat, safety glasses, reflective vest near traffic and work gloves.
Mower operations push and ride.	Struck by flying objects, noise, dust.	Long-sleeve shirt, hat, safety glasses, work gloves, hearing protection, reflective vest near traffic, N95 Dust mask as needed.
Grass trimmer operation.	Laceration (legs), struck by flying objects, noise, dust.	Long sleeve shirt (optional), long pants, hat, safety glasses, work gloves, hearing protection, reflective vest near traffic, N95 dust mask as needed.

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 _____

Questions? Contact ASU Environmental Health and Safety at 480-965-1823 or email asuehs@asu.edu.

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