

## Certificate of Hazard Assessment Personal Protective Equipment | Hand powered tools

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 as well as 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.

**Location: Portable hand powered tools | Department: Facilities**

Task	Potential hazard	PPE required
Portable grinder	Flying debris, noise, inhalable dust	Safety glasses, face shield <sup>1</sup> , work gloves, hearing protection >10 minutes, N95 dust mask on cement products
Portable circular saw	Flying debris, noise, inhalable dust	Safety glasses, face shield <sup>1</sup> , work gloves, hearing protection >10 minutes, N95 dust mask on cement products
Sawzall	Flying debris, noise, inhalable dust	Safety glasses, face shield <sup>1</sup> , work gloves, hearing protection >10 minutes, N95 dust mask on cement products
Portable drill	Flying debris	Safety glasses, work gloves
Chain saw	Noise, lacerations, struck by flying objects	Long sleeve shirt, hat, safety glasses, high visibility reflective vest, work gloves, ear plugs > 10 minutes, N95 dust mask, chain saw hard hat/face shield combo
Jackhammer	Noise, flying debris, vibration, inhalable dust	Safety glasses, face shield <sup>1</sup> , work gloves, hearing protection, N95 dust mask on cement products

**1. Impact rated face shields will be marked Z87 +**

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 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 [SafetyPartners@asu.edu](mailto:SafetyPartners@asu.edu).