

Certificate of Hazard Assessment Personal Protective Equipment | Grounds irrigation

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
General maintenance of irrigation systems.	Heat, sun, struck by vehicles, struck by flying objects, continuous kneeling.	Long-sleeve shirt, hat, safety glasses, reflective vest near traffic, safety shoes, work gloves, kneeboards.
Gardening and hand tools for digging, grounds maintenance.	Heat, sun, struck by vehicles, laceration, struck by flying objects, caught between.	Long sleeve shirt, hat, safety glasses, reflective vest near traffic, safety shoes, work gloves.
Pipe installation and repair.	Heat, sun, struck by vehicles, lacerations, glue and primer skin contact, water in cold weather.	Long sleeve shirt, hat, safety glasses, reflective vest near traffic, safety shoes, SHOWA 306 waterproof gloves

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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