

Certificate of Hazard Assessment Personal Protective Equipment | Welding

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
ARC welding	Thermal burns, radiant energy	Leather gloves, welding apparel, safety glasses with welding helmet, protective shade lenses number 7-11*
ARC cutting	Thermal burns, radiant energy	Leather gloves, welding apparel, safety glasses with welding helmet, protective shade lenses number 11*
Torch brazing	Thermal burns, radiant energy	Leather gloves, long sleeves, safety glasses with protective shade lenses number 3*
Torch soldering	Thermal burns, radiant energy	Leather gloves, long sleeves, safety glasses with protective shade lenses number 2*
Gas welding	Thermal burns, radiant energy	Leather gloves, welding apparel, safety glasses with welding helmet, protective shade lenses number 4-6*
Oxygen cutting	Thermal burns, radiant energy	Leather gloves, welding apparel, safety glasses with welding helmet, protective shade lenses number 3-5*

***OSHA Personal Protective Equipment Eye and face protection. 1910.133(a)(5) Filter Lenses for Protection Against Radiant Energy**

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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