



EMPLOYEE HAZARD ASSESSMENT FORM

Department:		Date:	Completed By:
Worksite/Lab	Location:		
Employee/Job duty	Name of Employee:		
	Working title of Position:		
EYE/ FACE HAZARDS			
Check box for each hazard:	Description of hazard(s):	Controls in Place:	Identify required PPE:
Chemical exposure		Work in fume hoods	Safety glasses
Extreme heat/cold		Enclosure/guarding	Safety goggles
Dust or flying debris		Shielding	Face shield

		Hair secured	Class C hard Hat
Other		Other	Bump cap/other
FOOT/ LEG HAZARDS			
Check box for each hazard:	Description of hazard(s):	Controls in Place:	Identify required PPE:
Chemical exposure		Substitution	Work boots
Extreme heat/cold		Mechanical device	Steel toes
Impact/compression		Housekeeping	

			Other
HAND/ ARM HAZARDS			
Check box for each hazard:	Description of hazard(s):	Controls in Place:	Identify required PPE:
Chemical exposure		Substitution	Chem. resistant gloves
Extreme heat/cold		De-energize	Thermal gloves
Cuts or abrasions		Elimination	Cut resistant gloves
Puncture		Avoidance	Leather gloves
Vibration/grip		Safe work practices	Lineman gloves
Bloodborne pathogens		Appropriate clothing	Latex/nitrile gloves
Electrical shock		Mechanical device	Anti vibration gloves
Other		Other	Other
BODY/ TORSO HAZARDS			
Check box for each hazard:	Description of hazard(s):	Controls in Place:	Identify required PPE:
Chemical exposure		Substitution	Lab coat
Extreme heat/cold		De-energize	Apron

FALL HAZARDS