Facility/location:	Assessor:
Task/Job Function:	Date of Assessment: I, _____ (name) certify that the evaluation of the identified work area(s) was conducted on _____. (date)

HAZARD ASSESSMENT AND SELECTION OF PPE
Exhibit 7.1

(circle appropriate response)

I. Eye/Face Hazard(s):

- Impact Yes No
- Penetration Yes No
- Chemical Yes No
- Heat Yes No
- Light/Radiation Yes No
- Other Yes No

Describe Specific Hazard(s):

_____

_____

_____

Eye/Face Protection Required: Yes No

- Safety glasses/goggles Yes No
- Face shield Yes No
- Both Yes No
- Other _____ Yes No

II. Head Hazard(s):

- Burn Yes No
- Electric shock Yes No
- Impact/bump Yes No
- Overhead objects Yes No
- Other Yes No

Describe Specific Hazards:

_____

_____

_____

Head Protection Required: Yes No

- Hard hat Yes No
- Bump cap Yes No
- Other_____ Yes No

III. Foot Hazard(s):

- Potential for falling/dropping objects Yes No
- Puncture risk Yes No
- Slippery conditions Yes No
- Wet conditions Yes No
- Other Yes No

Describe Specific Hazards:

_____

_____

_____

Foot Protection Required: Yes No

- Toe protection Yes No
- Slip resistant sole Yes No
- Rubber/synthetic Yes No
- Other_____ Yes No

IV. Hand Hazard(s):

- Punctures/lacerations Yes No
- Chemicals Yes No
- Burns/heat Yes No
- Other Yes No

Describe Specific Hazard(s):

_____

_____

_____

Hand Protection Required: Yes No

- Abrasion/puncture resistant gloves Yes No
- Chemical-resistant gloves Yes No
- Disposable gloves Yes No
- Temperature-resistant gloves Yes No
- Other_____ Yes No

V. Body Hazard(s):

- Chemical splashes Yes No
- Sharp or rough surfaces Yes No
- Extreme heat Yes No
- Extreme cold Yes No
- Other Yes No

Describe Specific Hazard(s):

_____

_____

_____

Body Protection required: Yes No

- Coveralls Yes No
- Sleeves Yes No
- Lab coats Yes No
- Apron Yes No
- Other_____ Yes No

VI. Other Hazard(s) Identified:

Describe Specific Hazard(s):

_____

_____

_____

Recommended Protection:

_____

_____

_____