

APPENDIX F
(Continued)

CERTIFICATION OF HAZARD ASSESSMENT
(Single Task)

ASSESSMENT DATE(s): _____

DEPARTMENT: _____

BUILDING: _____

TASK OR ASSIGNMENT DESCRIPTION: _____

HAZARDS IDENTIFIED:

Eye and Face: _____ Respiratory: _____

Head: _____ Foot: _____

Electrical: _____ Hand: _____

Whole Body: _____ Other: _____

PPE REQUIREMENTS:

Eye and Face: _____ Respiratory: _____

Head: _____ Foot: _____

Electrical: _____ Hand: _____

Whole Body: _____ Other: _____

OTHER CONTROL MEASURES: _____

CERTIFICATION: I certify this hazard assessment was conducted in accordance with the provisions of the Purdue University Personal Protective Equipment Policy.

Name: _____ **Date:** _____

DISTRIBUTION: Department PPE Assessment File
REM, CIVL
POST: Work Area