

APPENDIX A2

CERTIFICATION OF HAZARD ASSESSMENT

(Position/Title)

DEPARTMENT: _____

BUILDING: _____

ROOM: _____

POSITION/TITLE: _____

Eye and Face Hazard	Task	PPE Required
_____	_____	_____
_____	_____	_____
_____	_____	_____
Head Hazard	Task	PPE Required
_____	_____	_____
_____	_____	_____
_____	_____	_____
Electrical Hazard	Task	PPE Required
_____	_____	_____
_____	_____	_____
_____	_____	_____
Whole Body	Task	PPE Required
_____	_____	_____
_____	_____	_____
_____	_____	_____
Respiratory	Task	PPE Required
_____	_____	_____
_____	_____	_____
_____	_____	_____
Foot	Task	PPE Required
_____	_____	_____
_____	_____	_____
_____	_____	_____
Hand	Task	PPE Required
_____	_____	_____
_____	_____	_____
_____	_____	_____
Other	Task	PPE Required
_____	_____	_____
_____	_____	_____
_____	_____	_____

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 Are