PPE Hazard Assessment Form

Workplace Hazard Evaluation & PPE Selection Documentation

OSHA 29 CFR 1910.132(d) Compliance Form

About This Form

OSHA requires employers to assess the workplace to determine if hazards are present that require the use of Personal Protective Equipment (PPE). This assessment must be documented in writing and certified.

Use this form to:
- Identify workplace hazards by body area (head, eyes, face, hands, feet, etc.)
- Document the sources and types of hazards present
- Select appropriate PPE for each identified hazard
- Certify that the assessment has been performed
- Create a record for OSHA compliance documentation

This assessment must be updated whenever:
- Workplace conditions change
- New equipment or processes are introduced
- An incident indicates inadequate protection

OSHA REQUIREMENT - 29 CFR 1910.132(d)

"The employer shall assess the workplace to determine if hazards are present, or are likely to be present, which necessitate the use of personal protective equipment (PPE)."

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Assessment Information

COMPANY / WORKPLACE INFORMATION

Company Name: _____ Date: _____

Workplace Address: _____

Department/Work Area: _____ Building/Floor: _____

Job Title(s) Assessed: _____

Number of Employees in This Work Area: _____

ASSESSMENT DETAILS

Type of Assessment: ☐ Initial Assessment ☐ Periodic Review ☐ Post-Incident Review ☐ Process Change

Previous Assessment Date (if applicable): _____

WORK ACTIVITIES / TASKS PERFORMED

Describe the primary work activities and tasks performed in this area:

EQUIPMENT, TOOLS & MATERIALS USED

List equipment, tools, machinery, and materials workers use or are exposed to:

Environmental Conditions & Hazard Assessment

ENVIRONMENTAL CONDITIONS

Check all that apply:

- ☐ Indoor work
- ☐ Outdoor work
- ☐ Confined spaces
- ☐ Heights/elevated work
- ☐ Wet/slippery surfaces
- ☐ Hot environment
- ☐ Cold environment
- ☐ Dusty/dirty conditions
- ☐ High noise levels
- ☐ Poor lighting
- ☐ Chemical exposure
- ☐ Electrical hazards

HAZARD ASSESSMENT BY BODY AREA

For each body area, identify hazards present and the PPE required to protect against those hazards.

Body Area	Hazard Present? (Check)	Hazard Source/Description	PPE Required
HEAD	☐ Falling objects		
	☐ Bumping		
	☐ Electrical		
EYES	☐ Flying particles		
	☐ Chemical splash		
	☐ Dust		
	☐ Radiation		
FACE	☐ Chemical splash		
	☐ Hot materials		
	☐ Sparks		
EARS	☐ Noise > 85 dBA		
	☐ Impact noise		
HANDS	☐ Cuts		
	☐ Chemical		
	☐ Burns		
	☐ Electrical		
FEET	☐ Falling objects		
	☐ Punctures		
	☐ Electrical		
	☐ Slips		
BODY	☐ Chemical		
	☐ Heat/flames		
	☐ Cold		
	☐ Cuts		
RESPIRATORY	☐ Dust		
	☐ Fumes		
	☐ Oxygen deficient		

PPE Selection & Certification

PPE SELECTION SUMMARY

Based on the hazard assessment, the following PPE is required for this work area/job:

- ☐ Hard Hat — Type/Class: _____
- ☐ Safety Glasses — Type (e.g., Z87.1, side shields): _____
- ☐ Safety Goggles — Type: _____
- ☐ Face Shield — Type: _____
- ☐ Hearing Protection — Type/NRR: _____
- ☐ Gloves — Type (cut-resistant, chemical, etc.): _____
- ☐ Safety Footwear — Type (steel toe, EH, metatarsal): _____
- ☐ Respiratory Protection — Type/Cartridge: _____
- ☐ Fall Protection — Type (harness, lanyard, anchor): _____
- ☐ High-Visibility Clothing — Class: _____
- ☐ Protective Clothing — Type: _____
- ☐ Other — Specify: _____

TRAINING REQUIREMENTS

Employees must be trained on the following before using required PPE:

- ☐ When PPE is necessary
- ☐ What PPE is necessary
- ☐ How to properly don, doff, adjust, and wear PPE
- ☐ Limitations of the PPE
- ☐ Proper care, maintenance, useful life, and disposal of PPE

HAZARD ASSESSMENT CERTIFICATION

I certify that a workplace hazard assessment has been performed for the work area/job identified above in accordance with 29 CFR 1910.132(d). This assessment identifies the workplace hazards present and the personal protective equipment required to protect employees from those hazards.

Assessor Name (Print): _____ Title: _____

Signature: _____ Date: _____