

HANDS AND ARMS

Work activities, such as:

- material handling working with glass
- sanding using power tools
- grinding using computers
- sawing using knives
- cutting work in extreme cold or heat
- chopping
- hammering lifting
- cooking pouring
- working with heavy objects mixing
- working with electricity other: _____
- work with heavy equipment none of the above

LIKELY work-related hazards:

- blood dropped objects
- chemical splashes electric shock
- tools or materials that could scrape, bruise, or cut vibration
- extreme heat musculoskeletal disorders
- extreme cold sharps injury
- grease splatter burns
- animal bites other: _____
- crushing _____
- live hoses and cables none of the above

Is PPE Required? Yes No Not applicable

If yes, use:

For what tasks?

- Gloves
- Liquid/leak resistance _____
- Cold resistance _____
- Heat resistance _____
- Abrasion/cut resistance _____
- Slip resistance _____
- Protective sleeves _____
- Other: _____

FEET AND LEGS

Work activities, such as:

- use of corrosives working with live hoses
- use of flammable materials Using sharp objects or tools
- working with heavy objects slippery surfaces
- working around blood working with electricity
- work in extreme cold or heat lifting
- cutting other: _____
- sawing _____
- work with heavy equipment none of the above

LIKELY work-related hazards:

- chemical splashes dropped objects
- crushing live hoses and cables
- blood electric shock
- tools or materials that could scrape, bruise, or cut animal bites
- extreme heat other: _____
- extreme cold _____
- none of the above

Is PPE Required? Yes No Not applicable

If yes, use:

For what tasks?

- Safety shoes or boots
- Toe protection All work _____
- Electrical protection _____
- Heat/cold protection _____
- Puncture resistance _____
- Anti-slip soles _____
- Warm socks & clothing _____
- Other: _____

BODY		
<p>Work activities, such as:</p> <p><input type="checkbox"/> use of corrosives <input checked="" type="checkbox"/> slippery surfaces</p> <p><input type="checkbox"/> use of flammable materials <input type="checkbox"/> working with electricity</p> <p><input checked="" type="checkbox"/> working with heavy objects <input type="checkbox"/> work w/heavy equipment</p> <p><input type="checkbox"/> work in extreme cold or heat <input checked="" type="checkbox"/> lifting</p> <p><input checked="" type="checkbox"/> using sharp objects or tools <input type="checkbox"/> other: _____</p> <p><input type="checkbox"/> working with live hoses <input type="checkbox"/> none of the above</p>	<p>LIKELY work-related hazards:</p> <p><input checked="" type="checkbox"/> chemical splashes <input type="checkbox"/> electric shock</p> <p><input type="checkbox"/> chemical penetration <input type="checkbox"/> irritating chemicals</p> <p><input type="checkbox"/> extreme heat <input checked="" type="checkbox"/> musculoskeletal disorders</p> <p><input type="checkbox"/> extreme cold <input type="checkbox"/> other: _____</p> <p><input type="checkbox"/> animal bites _____</p> <p><input checked="" type="checkbox"/> tools or materials that could scrape, bruise, or cut <input type="checkbox"/> none of the above</p>	<p>Is PPE Required? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not applicable <input type="checkbox"/></p> <p>If yes, use: For what tasks?</p> <p><input type="checkbox"/> Vest, Jacket _____</p> <p><input type="checkbox"/> Flame resistant clothing _____</p> <p><input type="checkbox"/> Coveralls, Body suit _____</p> <p><input type="checkbox"/> Raingear _____</p> <p><input type="checkbox"/> Apron _____</p> <p><input type="checkbox"/> Other: _____ _____</p>
LUNGS/RESPIRATORY		
<p>Work activities, such as:</p> <p><input type="checkbox"/> cleaning <input checked="" type="checkbox"/> grinding/sanding</p> <p><input checked="" type="checkbox"/> pouring <input type="checkbox"/> confined space work</p> <p><input type="checkbox"/> mixing <input type="checkbox"/> other: _____</p> <p><input checked="" type="checkbox"/> working with gas or compressed air _____</p> <p><input type="checkbox"/> sawing _____</p> <p><input type="checkbox"/> none of the above</p>	<p>LIKELY work-related hazards:</p> <p><input checked="" type="checkbox"/> dust or particulate <input type="checkbox"/> extreme heat</p> <p><input type="checkbox"/> toxic gas/vapor <input type="checkbox"/> extreme cold</p> <p><input type="checkbox"/> chemical irritants <input type="checkbox"/> other: _____</p> <p><input type="checkbox"/> pesticides _____</p> <p><input type="checkbox"/> organic vapors _____</p> <p><input type="checkbox"/> oxygen deficient environment <input type="checkbox"/> none of the above</p>	<p>Is PPE Required? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not applicable <input type="checkbox"/></p> <p>If yes, use: For what tasks?</p> <p><input checked="" type="checkbox"/> Dust mask _Optional_____</p> <p><input type="checkbox"/> N 95 mask _____</p> <p><input type="checkbox"/> Air purifying respirator</p> <p style="padding-left: 20px;"><input type="checkbox"/> Half faced _____</p> <p style="padding-left: 40px;">Cartridge: _____</p> <p style="padding-left: 20px;"><input type="checkbox"/> Full faced _____</p> <p style="padding-left: 20px;"><input type="checkbox"/> With hood _____</p> <p><input type="checkbox"/> SCBA _____</p> <p><input type="checkbox"/> Warm full-face (ski) mask _____</p> <p><input type="checkbox"/> Other: _____ _____</p>
EARS/HEARING		
<p>Work activities, such as:</p> <p><input checked="" type="checkbox"/> generator <input type="checkbox"/> pneumatic equipment</p> <p><input checked="" type="checkbox"/> grinding <input type="checkbox"/> other: _____</p> <p><input checked="" type="checkbox"/> fans and motors _____</p> <p><input type="checkbox"/> machining _____</p> <p><input checked="" type="checkbox"/> power tools _____</p> <p><input type="checkbox"/> mower/trimmer <input type="checkbox"/> none of the above</p>	<p>LIKELY work-related hazards:</p> <p><input checked="" type="checkbox"/> loud noises <input type="checkbox"/> punch or brake presses</p> <p><input checked="" type="checkbox"/> loud work environment <input type="checkbox"/> other: _____</p> <p><input type="checkbox"/> noisy machines/tools _____</p> <p><input type="checkbox"/> none of the above</p>	<p>Is PPE Required? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not applicable <input type="checkbox"/></p> <p>If yes, use: For what tasks?</p> <p><input checked="" type="checkbox"/> ear muffs Recommended for all tasks in shop</p> <p><input checked="" type="checkbox"/> ear plugs Recommended for all tasks in shop</p> <p><input type="checkbox"/> Other: _____ _____</p>