








Environmental Health and Safety
 9201 University City Blvd, Charlotte, NC 28223-0001
 t/ 704.687.1111 f/ 704.687.5302 <http://safety.uncc.edu/>

UNC Charlotte PPE Hazard Assessment Form

Name:		Department:	
I am assessing:	<input type="checkbox"/> An employee's single job task	Name of Employee:	
		Working Title of Position:	
		Position Number:	
	<input type="checkbox"/> Job task for a career band of employees	Career Band/Title of Position(s):	
<input type="checkbox"/> Worksite	Location:		

Identified hazards in the workplace should be eliminated if possible. In the event that hazards cannot be eliminated, contact Environmental Health and Safety at (704) 687-1111 or EHSOffice@uncc.edu.

Exposed Body Part	Job Task(s)	Select Hazard Type(s)	Select Personal Protective Equipment (PPE) Required
Eye/Face 		<input type="checkbox"/> Falling/Flying objects <input type="checkbox"/> Molten metal <input type="checkbox"/> Harmful dusts, mists, gases, vapors <input type="checkbox"/> Extreme heat/cold <input type="checkbox"/> Chemical <input type="checkbox"/> Radiation – laser, ultraviolet, etc. <input type="checkbox"/> Biological – body fluids <input type="checkbox"/> Arc flash	<input type="checkbox"/> Safety glasses w/ side shields <input type="checkbox"/> Goggles <input type="checkbox"/> Filter lenses – shade: _____ (2-14) <input type="checkbox"/> Laser goggles – OD: _____ (5-8) <input type="checkbox"/> Face shield <input type="checkbox"/> Welding helmet <input type="checkbox"/> Arc-rated face shield <input type="checkbox"/> Arc-rated flash suit hood



<p>Hand/Arm</p> 		<input type="checkbox"/> Molten metal <input type="checkbox"/> Chemical <input type="checkbox"/> Harmful mists, gases, vapors, dusts <input type="checkbox"/> Radiation - laser, ultraviolet, etc. <input type="checkbox"/> Biological – body fluid <input type="checkbox"/> Extreme heat/cold <input type="checkbox"/> Electrical shock and/or arc flash	<input type="checkbox"/> Chemical/Liquid resistant gloves <input type="checkbox"/> Temperature resistant gloves <input type="checkbox"/> Abrasion/Cut/Puncture resistant <input type="checkbox"/> Slip resistant gloves <input type="checkbox"/> Non-conductive gloves <input type="checkbox"/> Non-conductive sleeves
<p>Respiratory System</p> 		<input type="checkbox"/> Chemical <input type="checkbox"/> Harmful dusts, mists, gases, vapors <input type="checkbox"/> Biological <input type="checkbox"/> Radiation - laser, ultraviolet, etc.	<p>Contact EHS prior to selecting respiratory protection.</p> <input type="checkbox"/> Dust mask <input type="checkbox"/> N95-N99 respirator <input type="checkbox"/> Half-face respirator <input type="checkbox"/> Full-face respirator <input type="checkbox"/> Powered-air purifying respirator (PAPR)
<p>Hearing</p> 		<input type="checkbox"/> Excessive noise <input type="checkbox"/> Chemical	<p>Contact EHS prior to selecting hearing protection.</p> <input type="checkbox"/> Ear plugs <input type="checkbox"/> Ear muffs
<p>Head</p> 		<input type="checkbox"/> Falling objects <input type="checkbox"/> Electrical shock/arc flash <input type="checkbox"/> Bumping against fixed objects	<input type="checkbox"/> Hard hat <input type="checkbox"/> Bump hat <input type="checkbox"/> Fire retardant (FR) hard hat liner



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<p>Foot/Leg</p> 		<input type="checkbox"/> Falling/Rolling objects <input type="checkbox"/> Punctures <input type="checkbox"/> Chemical <input type="checkbox"/> Extreme heat/cold <input type="checkbox"/> Electrical shock/arc flash	<input type="checkbox"/> Steel toe shoes <input type="checkbox"/> Slip-resistant closed toed shoes <input type="checkbox"/> Leggings <input type="checkbox"/> Shoe covers <input type="checkbox"/> Non-conductive safety shoes <input type="checkbox"/> Toe/Metatarsal guards <input type="checkbox"/> Combo. foot/shin guards <input type="checkbox"/> Heavy duty leather shoes
<p>Body</p> 		<input type="checkbox"/> Chemical <input type="checkbox"/> Harmful mists, gases, vapors, dusts <input type="checkbox"/> Extreme heat/cold <input type="checkbox"/> Electrical shock/arc flash <input type="checkbox"/> Radiation - laser, ultraviolet, etc. <input type="checkbox"/> Biological – body fluid	<input type="checkbox"/> Apron <input type="checkbox"/> Coverall <input type="checkbox"/> Vest <input type="checkbox"/> Jacket <input type="checkbox"/> Lab coat <input type="checkbox"/> Full-body suit <input type="checkbox"/> Gown Contact EHS prior to selecting electrical arc flash clothing. Electrical Arc Flash Fire Retardant Clothing: <ul style="list-style-type: none"> <input type="checkbox"/> Category 0 <input type="checkbox"/> Category 1 <input type="checkbox"/> Category 2 <input type="checkbox"/> Category 3 <input type="checkbox"/> Category 4



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Notes:

Certification of PPE Hazard Assessment

I certify that the above assessment was performed to the best of my knowledge and ability, based on the hazards present on this date.

Signature:

Date: