

## University of Hawaii Personal Protective Equipment (PPE) Hazard Assessment Certificate Instructions

Personal protective equipment must be provided and used when engineering, work practices, and administrative controls are not feasible or do not provide sufficient protection to prevent occupational diseases, injury, and fatalities. Personal protective equipment alone should not be relied upon to provide protection against hazards but should be used in conjunction with engineering controls, work practices, and administrative controls.

This document addresses eye, face, head, hand, foot, torso, respiratory, hearing, and fall protection. It will serve as the Personal Protective Equipment (PPE) Certification document required to satisfy the federal requirements of the Occupational Safety and Health Administration (OSHA) Standard, 29 CFR 1910.132 Subpart I- *Personal Protective Equipment*. Note: This document is intended to be used for workers in non-research lab areas at UHM. Lab supervisors can utilize the UH Safety Solutions software for PPE certification.

### General Guidelines

The PPE Hazard Assessment can be conducted for an area, a job category or for an individual by selecting and filling in the appropriate box. The assigned evaluator shall include their name, department being assessed, and the date. Completed assessments must be accessible to employees, the Environmental Health and Safety Office (EHSO) and regulatory officials. Hazard assessments must be updated when processes, equipment or materials used change the personal protective equipment needs.

### PPE HAZARD ASSESSMENT INSTRUCTIONS

#### STEP 1: INFORM AFFECTED EMPLOYEES OF THE PROCESS:

Affected employees from each work area assessed should be involved in the process. Discuss the reasons for the survey and the procedures being used for the assessment. Review the job procedures, potential hazards, and the PPE currently in use.

#### Step 2: Review data:

Reports of work-related injuries or illnesses, near-miss events and reported safety concerns are sources of data that can provide helpful information for assessing hazards.

#### Step 3: Conduct a walk-through survey:

The purpose of the survey is to identify sources of hazards to employees. Observe the following: layout of the workplace, location of the employees, work operations, hazards and places where PPE is currently used including the device and reason for use. Using the form, check the type of hazard(s) present within each section (organized by body part). Further descriptions can be provided in the adjacent box.

Consideration should be given to the following basic hazard categories:

1. Impact (falling/flying objects)
2. Penetration (sharp objects piercing foot/hand)
3. Compression (roll-over or pinching objects)
4. Chemical exposure (inhalation, ingestion, skin contact, eye contact or injection)
5. Temperature extremes (heat/cold)
6. Dust/flying debris (grinding, chipping, sanding, etc.)
7. Fall (slip/trip, scaffolds, elevated work)
8. Radiation (non-ionizing: UV/IR/light, welding, brazing, cutting, furnaces, etc.)
9. Noise (mechanical rooms, machines, cage washing, jackhammers, etc.)
10. Electrical (shock, short circuit, arcing, static)

**Step 4: Select PPE:**

After considering and/or planning for other controls, select the PPE which provides at least the minimum level of protection required to protect employees from the hazards. Using the form, note the appropriate PPE in the required PPE box. For help with proper PPE selection, contact the EHSO at 808-956-3204.

**Step 5: Make Document Accessible:**

Once completed, signed and dated, store the form either electronically or as a hard copy in a location easily accessible to employees, EHSO, and regulatory officials.




**Step 6: Revise Protocol:**

Update departmental protocols with the new or modified PPE requirements if applicable.


**Step 7: Reassess the workplace as necessary by identifying and evaluating:**


1. New equipment and processes
2. Accident records
3. Suitability of previously selected PPE




The University of Hawaii EHSO can be reached at 808-956-3204 if there are questions regarding the PPE Hazard Assessment Certification form.

I am reviewing (check the appropriate box):	<input type="checkbox"/> A worksite/area/room/task	Job Task:	
	<input type="checkbox"/> A single employee's job description	Name of employee:	
	<input type="checkbox"/> A job description for a class of employees	Position Title:	
		Location:	
<b>Department:</b>		<b>Date:</b>	
	<b>EYE HAZARDS:</b>		
	<i>Check the appropriate box for each hazard:</i>	<i>Description of hazard(s):</i>	<i>Required PPE</i>
	Chemical Exposure		
	High Heat/Cold		
	Dust/Flying Debris		
	Impact		
	UV/IR Radiation		
Other:			
	<b>HEAD/NECK/FACE HAZARDS:</b>		
	<i>Check the appropriate box for each hazard:</i>	<i>Description of hazard(s):</i>	<i>Required PPE</i>
	Chemical Exposure		
	Dust/Flying Debris		
	Impact		
	UV/IR Radiation		
	Electrical Shock		
Other:			
	<b>FOOT HAZARDS:</b>		
	<i>Check the appropriate box for each hazard:</i>	<i>Description of hazard(s):</i>	<i>Required PPE</i>
	Chemical Exposure		
	High Heat/Cold		
Impact/Compression			

	Electrical		
	Puncture		
	Slippery/Wet Surfaces		
	Other:		

	<b>HAND HAZARDS:</b>		
	<i>Check the appropriate box for each hazard:</i>	<i>Description of hazard(s):</i>	<i>Required PPE</i>
	Chemical Exposure		
	High Heat/Cold		
	UV/IR Radiation		
	Electrical Shock		
	Puncture		
	Cuts/Abrasion		
	Other:		

	<b>BODY HAZARDS:</b>		
	<i>Check the appropriate box for each hazard:</i>	<i>Description of hazard(s):</i>	<i>Required PPE</i>
	Chemical Exposure		
	High Heat/Cold		
	Impact/Compression		
	Electrical Arc		
	Cuts/Abrasion		
Other:			

	<b>FALL HAZARDS:</b>		
	<i>Check the appropriate box for each hazard:</i> <input type="checkbox"/> Fall hazard	<i>Description of hazard(s):</i>	<i>Required PPE</i>
	<b>NOISE HAZARDS:</b>		
	<i>Check the appropriate box for each hazard:</i> <input type="checkbox"/> Noise hazard	<i>Description of hazard(s):</i>	<i>Required PPE</i>
	<b>RESPIRATORY HAZARDS:</b>		
	<i>Check the appropriate box for each hazard:</i> <input type="checkbox"/> Chemical exposure	<i>Description of hazard(s):</i>	<i>Required PPE</i>
	<input type="checkbox"/> Particulate exposure		
	<input type="checkbox"/> Other:		
I certify that the above hazard assessment was performed to the best of my knowledge and ability, based on the hazards present on this date. (signature)			