State of Hawaii
HAZARD ASSESSMENT CERTIFICATION

Department: ____________________________  Job Title of Employee: ____________________________

Division/Branch: ______________________  Position Number: ____________________________

Baseyard: ____________________________  Evaluated By (Print Name): ________________________

Work Unit: ____________________________  Position: ____________________________  Phone: __________

Position Location (island, city): ______________  Duties: TM Mostly outdoors; TM Mostly indoors

<table>
<thead>
<tr>
<th>Task, Activity, Hazard Source</th>
<th>Assessment of Hazard</th>
<th>Protection</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Hazard Assessment; Type of protection required for tasks shown above:

- Base:  
  - Impact/compression
  - Metatarsal
  - Electrical
  - Sole Protection
  - Water resistant boots
  - Other _____________________________

- Additional:  
  - High cut - height: 6"____; 8"____; Other: ______________
    - Slip resistant
    - Water resistant
    - Heat resistant (soles)
    - Fire resistant (welding)
    - Other _____________________________

Impact and compression requirement: 30 _____, 50 _____, or 75 ____.

Person certifying assessment: ____________________________  ____________________________  ____________________________

Print Name (if different from above)  Signature  Date