

## 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: <sup>TM</sup> Mostly outdoors; <sup>TM</sup> Mostly indoors

Task, Activity, Hazard Source	Assessment of Hazard	Protection

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

- |  |  |
|--|--|
| <p>Base:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Impact/compression</li> <li><input type="checkbox"/> Metatarsal</li> <li><input type="checkbox"/> Electrical</li> <li><input type="checkbox"/> Sole Protection</li> <li><input type="checkbox"/> Water resistant boots</li> <li><input type="checkbox"/> Other _____</li> </ul> | <p>Additional: <input type="checkbox"/> High cut - height: 6"____; 8"____ ; Other: _____</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Slip resistant</li> <li><input type="checkbox"/> Water resistant</li> <li><input type="checkbox"/> Heat resistant (soles)</li> <li><input type="checkbox"/> Fire resistant (welding)</li> <li><input type="checkbox"/> Other _____</li> </ul> |
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Impact and compression requirement: 30 \_\_\_\_\_, 50 \_\_\_\_\_, or 75 \_\_\_\_\_ .

Person certifying assessment: \_\_\_\_\_  
Print Name (if different from above)
Signature
Date