

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

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"> <input type="checkbox"/> Impact/compression <input type="checkbox"/> Metatarsal <input type="checkbox"/> Electrical <input type="checkbox"/> Sole Protection <input type="checkbox"/> Water resistant boots <input type="checkbox"/> Other _____ | <p>Additional: <input type="checkbox"/> High cut - height: 6" _____; 8" _____ ; Other: _____</p> <ul style="list-style-type: none"> <input type="checkbox"/> Slip resistant <input type="checkbox"/> Water resistant <input type="checkbox"/> Heat resistant (soles) <input type="checkbox"/> Fire resistant (welding) <input type="checkbox"/> Other _____ |
|--|--|

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

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