Workplace Hazard Assessment Certification

*Instructions: Complete table, retain one copy for departmental records and forward one copy to Environmental Health and Safety MS-9070.*

Department: Hazard Assessment Certified By: Date:

** Personal Protective Equipment Not Required**

| **Date of Hazard Assessment** | **Person Conducting Assessment** | **Phone Number** | **Location of Assessment**  **(Bldg/Rm)** | **Work**  **Activity Assessed** | **Hazard Identified** | **PPE Selected**  **(Manufacturer/Model Number)** |
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Workplace Hazard Assessment Certification - **Example**

*Instructions: Complete table, retain one copy for departmental records and forward one copy to Environmental Health and Safety MS-9070.*

Department: Business/Academic Department Hazard Assessment Certified By: Person’s Name Date: 01-01-01

** Personal Protective Equipment Not Required**

| **Date of Hazard Assessment** | **Person Conducting Assessment** | **Phone Number** | **Location of Assessment**  **(Bldg/Rm)** | **Work**  **Activity Assessed** | **Hazard Identified** | **PPE Selected**  **(Manufacturer/Model Number)** |
| --- | --- | --- | --- | --- | --- | --- |
| 01-01-01 | G. Stone | XXXX | Plumbing | Grinding - Metal | Flying Particles | Safety glasses with side shields or goggles |
| 01-01-01 | G. Stone | XXXX | ET/106 | Grinding - Metal | Noise | Ear plugs or muffs |
| 01-01-01 | G. Stone | XXXX | ET | Gas Welding | Flash burn (optical radiation) | Welding goggles with 4-8 shading |
| 01-01-01 | G. Stone | XXXX | Plumbing | Gas Welding | Burns to hands | Leather gloves |
| 01-01-01 | C. Stump | XXXX | Grounds | Tree Trimming | Falling branches | Hard hats - Type C |
| 01-01-01 | C. Stump | XXXX | Grounds | Tree Trimming | Noise | Ear plugs or muffs \* |
| 01-01-01 | C. Stump | XXXX | Grounds | Tree Trimming | Abrasion to hands | Gloves |
| 01-01-01 | B. Sharp | XXXX | VU Eateries-  Food Prep | Cutting meats and vegetables | Cuts to hands | Wire mesh gloves |
| 01-01-01 | S. Blades | XXXX | Biology  BI363 | Preserved tissue preparation | Formaldehyde - respiratory exposure | Air purifying respirators \* |
| 01-01-01 | S. Blades | XXXX | Biology  BI363 | Preserved tissue preparation | Formaldehyde - skin exposure | Polyethylene gloves |
| 01-01-01 | S. Hand | XXXX | EHS  PS111 | Office Work | No hazard | Not Applicable |
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\* Contact Environmental Health and Safety at 650-3064 to arrange a hazard assessment.

**Certification for Personal Protective Equipment Training**

***Instructions:*** *Train each employee required to use personal protective equipment (PPE) in the following:*

1. *When PPE is necessary*
2. *What PPE is necessary*
3. *How to properly don, doff, adjust, and wear PPE*
4. *Limitations of PPE*
5. *Care, maintenance, useful life, and disposal of PPE*

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| The person providing training verifies that each employee has received and understood the required training by signing below:  Name of Training Provider (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of Training Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date(s) of Training: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Department MS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Check the types of personal protective equipment\* for which training has been provided:

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| --- | --- |
|  Eye and face protection   Hand protection |  Foot protection   Head protection |

\* Respiratory protection training is provided by Environmental Health and Safety or through the asbestos program. Hearing equipment training is provided by Environmental Health and Safety or the Audiology Clinic.

**List Names of Employee(s) Trained Below**

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