

APPENDIX A2

CERTIFICATION OF HAZARD ASSESSMENT
(Position/Title)

DEPARTMENT: _____ **BUILDING:** _____ **ROOM:** _____
POSITION/TITLE: _____

Eye and Face Hazard	Task	PPE Required
_____	_____	_____
_____	_____	_____

Head Hazard	Task	PPE Required
_____	_____	_____
_____	_____	_____

Electrical Hazard	Task	PPE Required
_____	_____	_____
_____	_____	_____

Whole Body	Task	PPE Required
_____	_____	_____
_____	_____	_____

Respiratory	Task	PPE Required
_____	_____	_____
_____	_____	_____

Foot	Task	PPE Required
_____	_____	_____
_____	_____	_____

Hand	Task	PPE Required
_____	_____	_____
_____	_____	_____

Other	Task	PPE Required
_____	_____	_____
_____	_____	_____

OTHER CONTROL MEASURES: _____

CERTIFICATION: I certify this hazard assessment was conducted in accordance with the provisions of the Purdue University Personal Protective Equipment Policy.

Name: _____ **Date:** _____

DISTRIBUTION: Department PPE Assessment File
REM, CIVL
POST: Work Area