### 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