### CERTIFICATION OF HAZARD ASSESSMENT (Single Task)

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| **ASSESSMENT DATE(s):** | | | | | | |  | | | | | | | | | | | |
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| **DEPARTMENT:** | | | | | **AAE** | | | | | | | | | | | | | |
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| **BUILDING:** | | **ARMS 3098** | | | | | | | | | | | | | | | | |
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| **TASK OR ASSIGNMENT DESCRIPTION:** | | | | | | | | | **See Lab Instructions for Course** | | | | | | | | | |
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| **HAZARDS IDENTIFIED:** | | | | | | | | | | | | | | | | | | |
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| Eye and Face: | | | |  | | | | | | |  | | Respiratory: | | | |  | |
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| Head: | | | |  | | | | | | |  | | Foot: | | | |  | |
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| Electrical: | | | |  | | | | | | |  | | Hand: | | | |  | |
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| Whole Body: | | | |  | | | | | | |  | | Other: | | | |  | |
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| **PPE REQUIREMENTS:** | | | | | | | | | | | | | | | | | | |
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| Eye and Face: | | |  | | | | | | |  | | Respiratory: | | | |  | | |
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| Head: | | |  | | | | | | |  | | Foot: | | | |  | | |
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| Electrical: | | |  | | | | | | |  | | Hand: | | | |  | | |
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| Whole Body: | | |  | | | | | | |  | | Other: | | | |  | | |
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| **OTHER CONTROL MEASURES:** | | | | | | | |  | | | | | | | | | | |
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| **CERTIFICATION:** I certify this hazard assessment was conducted in accordance with the provisions of the Purdue University Personal Protective Equipment Policy. | | | | | | | | | | | | | | | | | | |
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| **Name:** | **Ebenezer Gnanamanickam** | | | | | | | | | | | | |  | **Date:** | | | **10/25/2010** |
|  | | | | | | | | | | | | | | | | | | |
| **DISTRIBUTION:** | | | | | | Department PPE Assessment File | | | | | | | | | | | | |
|  | | | | | | REM, CIVL | | | | | | | | | | | | |
|  | | | | | | POST: Work Area | | | | | | | | | | | | |