### CERTIFICATION OF HAZARD ASSESSMENT (Position/Title)

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| **DEPARTMENT:** | |  | | | | |  | **BUILDING:** |  | | | | |  | **ROOM:** |  |
| **POSITION/TITLE:** | | |  | | | | | | | | | | | | | |
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| Eye and Face Hazard | | | | |  | Task | | | |  | | PPE Required | | | | |
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| Head Hazard | | | | |  | Task | | | |  | | PPE Required | | | | |
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| Electrical Hazard | | | | |  | Task | | | |  | | PPE Required | | | | |
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| Whole Body | | | | |  | Task | | | |  | | PPE Required | | | | |
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| Respiratory | | | | |  | Task | | | |  | | PPE Required | | | | |
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| Foot | | | | |  | Task | | | |  | | PPE Required | | | | |
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| Hand | | | | |  | Task | | | |  | | PPE Required | | | | |
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| Other | | | | |  | Task | | | |  | | PPE Required | | | | |
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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. | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| **Name:** |  | | | | | | | | | |  | | **Date:** |  | | |

**DISTRIBUTION:** Department PPE Assessment File

REM, CIVL

POST: Work Area