

APPENDIX A1

**CERTIFICATION OF HAZARD ASSESSMENT**  
(Single Task)

**ASSESSMENT DATE(s):** \_\_\_\_\_

**DEPARTMENT:** \_\_\_\_\_

**BUILDING:** \_\_\_\_\_

**TASK OR ASSIGNMENT DESCRIPTION:** \_\_\_\_\_

**HAZARDS IDENTIFIED:**

Eye and Face: \_\_\_\_\_

Respiratory: \_\_\_\_\_

Head: \_\_\_\_\_

Foot: \_\_\_\_\_

Electrical: \_\_\_\_\_

Hand: \_\_\_\_\_

Whole Body: \_\_\_\_\_

Other: \_\_\_\_\_

**PPE REQUIREMENTS:**

Eye and Face: \_\_\_\_\_

Respiratory: \_\_\_\_\_

Head: \_\_\_\_\_

Foot: \_\_\_\_\_

Electrical: \_\_\_\_\_

Hand: \_\_\_\_\_

Whole Body: \_\_\_\_\_

Other: \_\_\_\_\_

**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