Personal Protective Equipment (PPE) Checklist

| Name of the Facility |  |
| --- | --- |
| Address |  |

*Note:*

* *Filling out this form satisfies the risk assessment mandated by 29 CFR 1910.132 for determining PPE*
* *The OSHA Respirator Medical Evaluation Questionnaire must be filled out if any type of respirator is in use by any employee. It can be found in the Welcome Kit.*

| Suggested Questions | Typical Operations of Concern | Yes / No | Type of PPE |
| --- | --- | --- | --- |
| ***Eyes*** | | | |
| Do your employees perform tasks, or work near employees who perform tasks, that might produce vapors or flying particles? | Sawing, cutting, drilling, grinding, hammering, chopping, etc. | ☐ Yes  ☐ No |  |
| Do your employees handle, or work near employees who handle, hazardous liquid chemicals or encounter blood splashes? | Pouring, mixing, painting, cleaning, syphoning related to dental and health care services, etc. | ☐ Yes  ☐ No |  |
| Are your employees’ eyes exposed to other potential physical or chemical irritats? | Charging medical Equipment, compressed air or gas operations, etc. | ☐ Yes  ☐ No |  |
| Are your employees exposed to intense light or lasers? | Welding, cutting, laser operations, etc. | ☐ Yes  ☐ No |  |
| ***Face*** | | | |
| Do your employees handle, or work near employees who handle blood or OPIM, hazardous liquid chemicals? | Pouring from canisters, collecting medical wastes, cleaning, syphoning, etc. | ☐ Yes  ☐ No |  |
| Are your employees’ faces exposed to extreme heat? | Welding, pouring, baking, cooking, drying, sterilizing using autoclaves, etc. | ☐ Yes  ☐ No |  |
| Are your employees’ faces exposed to other potential irritants? | Cutting, sanding, grinding, hammering, chopping, pouring, mixing, cleaning, syphoning, etc. | ☐ Yes  ☐ No |  |
| ***Head*** | | | |
| Might tools or other objects fall from above and strike your employees on the head? | Workstations or traffic routes located under catwalks or mezzanine floors, building work, etc. | ☐ Yes  ☐ No |  |
| Do your employees work with or near exposed electrical wiring or components? | Building maintenance; utility work; construction; wiring; work on or near communications, computer, or other high-tech equipment; etc. | ☐ Yes  ☐ No |  |
| ***Feet*** | | | |
| Might tools, heavy equipment, or other objects roll, fall onto, or strike your employees’ feet? | Construction, plumbing, building maintenance, utility work, grass cutting, etc. | ☐ Yes  ☐ No |  |
| Do your employees work with or near exposed electrical wiring or components? | Building maintenance; utility work; construction; wiring; work on or near communications, computer, or other high-tech equipment; etc. | ☐ Yes  ☐ No |  |
| Do your employees work with explosive materials or in explosive atmospheres? | Working with highly flammable materials. | ☐ Yes  ☐ No |  |
| ***Hands*** | | | |
| Do your employees’ hands come into contact with tools such as scalpels, blades, sharp instruments that might scrape, bruise, or cut? | Grinding, sanding, sawing, cutting, hammering, material handling, etc. | ☐ Yes  ☐ No |  |
| Do your employees handle chemicals that might irritate skin, or come into contact with blood? | Pouring, mixing, painting, cleaning, syphoning related to health care and dental services, etc. | ☐ Yes  ☐ No |  |
| Do work procedures require your employees to place their hands and arms near extreme heat? | Welding, pouring molten metal, baking, cooking, drying, etc. | ☐ Yes  ☐ No |  |
| Are your employees’ hands and arms placed near exposed electrical wiring or components? | Building maintenance; utility work; construction; wiring; work on or near communications, computer, or other high-tech equipment; etc. | ☐ Yes  ☐ No |  |
| ***Body*** | | | |
| Are your employees’ bodies exposed to irritating dust or blood or chemical splashes? | Pouring, mixing, painting, cleaning, syphoning, machining, sawing, battery charging, compressed air or gas operations, etc. | ☐ Yes  ☐ No |  |
| Are your employees’ bodies exposed to sharp or rough surfaces? | Cutting, grinding, sanding, sawing, glazing, material handling, etc. | ☐ Yes  ☐ No |  |
| Are your employees’ bodies exposed to extreme heat? | Handling heat discharging equipment, baking, cooking, drying, etc. | ☐ Yes  ☐ No |  |
| Are your employees’ bodies exposed to acids or other hazardous substances? | Pouring, mixing, painting, cleaning, syphoning, dip tank operations, etc. | ☐ Yes  ☐ No |  |
| ***Hearing*** | | | |
| Are your employees exposed to loud noise from machines, tools, music systems, etc.? | Machining, grinding, sanding, pneumatic equipment, generators, ventilation fans, motors, etc. | ☐ Yes  ☐ No |  |