

Handout #1

HAZARD ASSESSMENT FORM

Area (Shop/Ship/Confined Space/Etc): Job Classification:

Assessor: Date:

Eye

Work Activities	Work Related Exposure	PPE if Hazard Cannot be Eliminated	
<input type="checkbox"/> Abrasive blasting	<input type="checkbox"/> Airborne dust	<input type="checkbox"/> Safety glasses	<input type="checkbox"/> <i>With side shield</i>
<input type="checkbox"/> Chopping	<input type="checkbox"/> Dirt	<input type="checkbox"/> Safety goggles	<input type="checkbox"/> <i>With face shield</i>
<input type="checkbox"/> Cutting	<input type="checkbox"/> UV	<input type="checkbox"/> Dust-tight goggles	<input type="checkbox"/> <i>With Shade</i>
<input type="checkbox"/> Drilling	<input type="checkbox"/> Flying particles/objects	<input type="checkbox"/> Impact goggles	<input type="checkbox"/> <i>Prescription</i>
<input type="checkbox"/> Welding	<input type="checkbox"/> Blood splashes	<input type="checkbox"/> Welding helmet/shield	<input type="checkbox"/>
<input type="checkbox"/> Soldering	<input type="checkbox"/> Liquid chemical mists	<input type="checkbox"/> Chemical goggles	<input type="checkbox"/>
<input type="checkbox"/> Torch brazing	<input type="checkbox"/> Chemical splashes	<input type="checkbox"/> Chemical splash goggles	<input type="checkbox"/>
<input type="checkbox"/> Punch press	<input type="checkbox"/> Molten metal splashes	<input type="checkbox"/> Laser goggles	<input type="checkbox"/>
<input type="checkbox"/> Sanding	<input type="checkbox"/> Glare/high intensity light	<input type="checkbox"/> Shading/Filter (#_____)	<input type="checkbox"/>
<input type="checkbox"/> Sawing	<input type="checkbox"/> Laser operations	<input type="checkbox"/> Welding shield	<input type="checkbox"/>
<input type="checkbox"/> Grinding	<input type="checkbox"/> Intense light	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Hammering	<input type="checkbox"/> Hot Sparks	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Chipping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	Other:	<input type="checkbox"/> Hazard can be eliminated without PPE	

Face

Work Activities	Work Related Exposure	PPE if Hazard Cannot be Eliminated	
<input type="checkbox"/> Cleaning	<input type="checkbox"/> Hazardous liquid chemicals	<input type="checkbox"/> Face shield	
<input type="checkbox"/> Siphoning	<input type="checkbox"/> Extreme heat	<input type="checkbox"/> Shading/Filter (#_____)	
<input type="checkbox"/> Painting	<input type="checkbox"/> Extreme cold	<input type="checkbox"/> Welding Shield	
<input type="checkbox"/> Dip tank ops.	<input type="checkbox"/> Potential irritants	<input type="checkbox"/>	
<input type="checkbox"/> Pouring	<input type="checkbox"/> Burns	<input type="checkbox"/>	
<input type="checkbox"/> Foundry work	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Welding	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Mixing	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Pouring metal	<input type="checkbox"/>	<input type="checkbox"/>	
Other:	Other:	<input type="checkbox"/> Hazard can be eliminated without PPE	

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