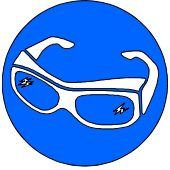



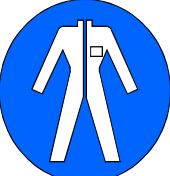





I am reviewing (check the appropriate box):	<input type="checkbox"/> A worksite	Specify location:		
	<input type="checkbox"/> A single employee's job description	Name of employee:		
		Working title of position:		
	<input type="checkbox"/> A job description for a class of employees	Position Number:		
Working title of positions:				
		Position Number(s):		
Your name:		DEPARTMENT:		Date:
	EYE HAZARDS (Appendix B). Tasks that can cause eye injury include: working with chemicals or acids; chipping, sanding, or grinding; welding; furnace operations; and, metal and wood working.			
	<i>Check the appropriate box for each hazard:</i>		<i>Description of hazard(s):</i>	<i>Based upon the hazard assessment, the following PPE is required:</i>
	Chemical Exposure	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	High Heat/Cold	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	Dust/Flying Debris	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	Impact	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Light/Radiation	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
	HEAD HAZARDS (Appendix C). Tasks that can cause head injury include: working below other workers who are using tools or materials that could fall; working on energized electrical equipment or utilities; and, working in trenches or confined spaces.			
	<i>Check the appropriate box for each hazard:</i>		<i>Description of hazard(s):</i>	<i>Based upon the hazard assessment, the following PPE is required:</i>
	Impact	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	Electrical Shock	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	FOOT HAZARDS (Appendix D). Tasks that can cause foot injury include: exposure to chemicals or acids; welding or cutting; foundry operations; materials handling; renovation or construction; electrical work; and, spray finishing or other work with flammable or explosive materials.			
	<i>Check the appropriate box for each hazard:</i>		<i>Description of hazard(s):</i>	<i>Based upon the hazard assessment, the following PPE is required:</i>
	Chemical Exposure	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	High Heat/Cold	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	Impact/Compression	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	Slips/Trips	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	Puncture	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	Slippery/Wet Surfaces	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	Explosive/Flammable Atmospheres	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Electrical	Yes <input type="checkbox"/>	No <input type="checkbox"/>		

	<p>HAND HAZARDS (Appendix E). Hand injury can be caused by: work with chemicals or acids; exposure to cut or abrasion hazards (for example, during demolition, renovation, or woodworking); and, work with very hot or cold objects or materials. BLOODBORNE PATHOGENS – ADDITIONAL TRAINING/MONITORING IS REQUIRED! <i>Check the appropriate box for each hazard:</i></p> <table border="1"> <thead> <tr> <th colspan="2"><i>Description of hazard(s):</i></th> <th colspan="2"><i>Based upon the hazard assessment, the following PPE is required:</i></th> </tr> </thead> <tbody> <tr> <td>Chemical Exposure</td> <td>Yes <input type="checkbox"/> No <input type="checkbox"/></td> <td rowspan="6"></td> <td rowspan="6"></td> </tr> <tr> <td>High Heat or Cold</td> <td>Yes <input type="checkbox"/> No <input type="checkbox"/></td> </tr> <tr> <td>Cuts/Abrasion</td> <td>Yes <input type="checkbox"/> No <input type="checkbox"/></td> </tr> <tr> <td>Puncture</td> <td>Yes <input type="checkbox"/> No <input type="checkbox"/></td> </tr> <tr> <td>Electrical Shock</td> <td>Yes <input type="checkbox"/> No <input type="checkbox"/></td> </tr> <tr> <td>Bloodborne Pathogens (see Appendix E)</td> <td>Yes <input type="checkbox"/> No <input type="checkbox"/></td> </tr> </tbody> </table>	<i>Description of hazard(s):</i>		<i>Based upon the hazard assessment, the following PPE is required:</i>		Chemical Exposure	Yes <input type="checkbox"/> No <input type="checkbox"/>			High Heat or Cold	Yes <input type="checkbox"/> No <input type="checkbox"/>	Cuts/Abrasion	Yes <input type="checkbox"/> No <input type="checkbox"/>	Puncture	Yes <input type="checkbox"/> No <input type="checkbox"/>	Electrical Shock	Yes <input type="checkbox"/> No <input type="checkbox"/>	Bloodborne Pathogens (see Appendix E)	Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>Description of hazard(s):</i>		<i>Based upon the hazard assessment, the following PPE is required:</i>																	
Chemical Exposure	Yes <input type="checkbox"/> No <input type="checkbox"/>																		
High Heat or Cold	Yes <input type="checkbox"/> No <input type="checkbox"/>																		
Cuts/Abrasion	Yes <input type="checkbox"/> No <input type="checkbox"/>																		
Puncture	Yes <input type="checkbox"/> No <input type="checkbox"/>																		
Electrical Shock	Yes <input type="checkbox"/> No <input type="checkbox"/>																		
Bloodborne Pathogens (see Appendix E)	Yes <input type="checkbox"/> No <input type="checkbox"/>																		
	<p>BODY/TORSO HAZARDS (Appendix F). Injury of the body or torso occur during: exposure to chemicals, acids, or other hazardous materials; abrasive blasting; welding, cutting, brazing; chipping, sanding, or grinding; use of chainsaws or similar equipment; foundry operations; and, work around electrical arcs. <i>Check the appropriate box for each hazard:</i></p> <table border="1"> <thead> <tr> <th colspan="2"><i>Description of hazard(s):</i></th> <th colspan="2"><i>Based upon the hazard assessment, the following PPE is required:</i></th> </tr> </thead> <tbody> <tr> <td>Chemical Exposure</td> <td>Yes <input type="checkbox"/> No <input type="checkbox"/></td> <td rowspan="5"></td> <td rowspan="5"></td> </tr> <tr> <td>Extreme Heat/Cold</td> <td>Yes <input type="checkbox"/> No <input type="checkbox"/></td> </tr> <tr> <td>Abrasion</td> <td>Yes <input type="checkbox"/> No <input type="checkbox"/></td> </tr> <tr> <td>Impact</td> <td>Yes <input type="checkbox"/> No <input type="checkbox"/></td> </tr> <tr> <td>Electrical Arc</td> <td>Yes <input type="checkbox"/> No <input type="checkbox"/></td> </tr> </tbody> </table>	<i>Description of hazard(s):</i>		<i>Based upon the hazard assessment, the following PPE is required:</i>		Chemical Exposure	Yes <input type="checkbox"/> No <input type="checkbox"/>			Extreme Heat/Cold	Yes <input type="checkbox"/> No <input type="checkbox"/>	Abrasion	Yes <input type="checkbox"/> No <input type="checkbox"/>	Impact	Yes <input type="checkbox"/> No <input type="checkbox"/>	Electrical Arc	Yes <input type="checkbox"/> No <input type="checkbox"/>		
<i>Description of hazard(s):</i>		<i>Based upon the hazard assessment, the following PPE is required:</i>																	
Chemical Exposure	Yes <input type="checkbox"/> No <input type="checkbox"/>																		
Extreme Heat/Cold	Yes <input type="checkbox"/> No <input type="checkbox"/>																		
Abrasion	Yes <input type="checkbox"/> No <input type="checkbox"/>																		
Impact	Yes <input type="checkbox"/> No <input type="checkbox"/>																		
Electrical Arc	Yes <input type="checkbox"/> No <input type="checkbox"/>																		
	<p>FALL HAZARDS (Appendix G). Personnel may be exposed to fall hazards when performing work on a surface with an unprotected side or edge that is 6 feet or more above a lower level, or 10 feet or more on scaffolds. Fall protection may also be required when using vehicle manlifts, elevated platforms, tree trimming, performing work on poles, roofs, or fixed ladders. ADDITIONAL TRAINING/MONITORING IS REQUIRED! <i>Check the appropriate box for each hazard:</i></p> <table border="1"> <thead> <tr> <th colspan="2"><i>Description of hazard(s):</i></th> <th colspan="2"><i>Based upon the hazard assessment, the following PPE is required:</i></th> </tr> </thead> <tbody> <tr> <td>Fall hazard</td> <td>Yes <input type="checkbox"/> No <input type="checkbox"/></td> <td rowspan="2"></td> <td rowspan="2"></td> </tr> <tr> <td colspan="2"></td> </tr> </tbody> </table>	<i>Description of hazard(s):</i>		<i>Based upon the hazard assessment, the following PPE is required:</i>		Fall hazard	Yes <input type="checkbox"/> No <input type="checkbox"/>												
<i>Description of hazard(s):</i>		<i>Based upon the hazard assessment, the following PPE is required:</i>																	
Fall hazard	Yes <input type="checkbox"/> No <input type="checkbox"/>																		
	<p>NOISE HAZARDS (Appendix G). Personnel may be exposed to noise hazards when machining, grinding, sanding, using pneumatic equipment, generators, motors, jackhammers, or similar equipment. ADDITIONAL TRAINING/MONITORING IS REQUIRED! <i>Check the appropriate box for each hazard:</i></p> <table border="1"> <thead> <tr> <th colspan="2"><i>Description of hazard(s):</i></th> <th colspan="2"><i>Based upon the hazard assessment, the following PPE is required:</i></th> </tr> </thead> <tbody> <tr> <td>Noise hazard</td> <td>Yes <input type="checkbox"/> No <input type="checkbox"/></td> <td rowspan="2"></td> <td rowspan="2"></td> </tr> <tr> <td colspan="2"></td> </tr> </tbody> </table>	<i>Description of hazard(s):</i>		<i>Based upon the hazard assessment, the following PPE is required:</i>		Noise hazard	Yes <input type="checkbox"/> No <input type="checkbox"/>												
<i>Description of hazard(s):</i>		<i>Based upon the hazard assessment, the following PPE is required:</i>																	
Noise hazard	Yes <input type="checkbox"/> No <input type="checkbox"/>																		
	<p>RESPIRATORY HAZARDS (Appendix G). Personnel may be exposed to respiratory hazards that require the use of respirators: when using certain chemicals outside of chemical fume hood; when applying paints or chemicals in confined spaces; when welding, cutting, or brazing on certain metals; and, when disturbing asbestos, lead, silica, or other particulate hazards. ADDITIONAL TRAINING/MONITORING IS REQUIRED! <i>Check the appropriate box for each hazard:</i></p> <table border="1"> <thead> <tr> <th colspan="2"><i>Description of hazard(s):</i></th> <th colspan="2"><i>Based upon the hazard assessment, the following PPE is required:</i></th> </tr> </thead> <tbody> <tr> <td>Chemical exposure</td> <td>Yes <input type="checkbox"/> No <input type="checkbox"/></td> <td rowspan="4"></td> <td rowspan="4"></td> </tr> <tr> <td>Confined space work</td> <td>Yes <input type="checkbox"/> No <input type="checkbox"/></td> </tr> <tr> <td>Particulate exposure</td> <td>Yes <input type="checkbox"/> No <input type="checkbox"/></td> </tr> <tr> <td>Welding/related hazard</td> <td>Yes <input type="checkbox"/> No <input type="checkbox"/></td> </tr> </tbody> </table>	<i>Description of hazard(s):</i>		<i>Based upon the hazard assessment, the following PPE is required:</i>		Chemical exposure	Yes <input type="checkbox"/> No <input type="checkbox"/>			Confined space work	Yes <input type="checkbox"/> No <input type="checkbox"/>	Particulate exposure	Yes <input type="checkbox"/> No <input type="checkbox"/>	Welding/related hazard	Yes <input type="checkbox"/> No <input type="checkbox"/>				
<i>Description of hazard(s):</i>		<i>Based upon the hazard assessment, the following PPE is required:</i>																	
Chemical exposure	Yes <input type="checkbox"/> No <input type="checkbox"/>																		
Confined space work	Yes <input type="checkbox"/> No <input type="checkbox"/>																		
Particulate exposure	Yes <input type="checkbox"/> No <input type="checkbox"/>																		
Welding/related hazard	Yes <input type="checkbox"/> No <input type="checkbox"/>																		

I certify that the above inspection was performed to the best of my knowledge and ability, based on the hazards present on this date (signature)
