

PPE Hazard Assessment Template

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Date of Assessment: _____

Assessed By: _____

Department/Area: _____

Job Task: _____

Hazards Identified (check all that apply):

- ☐ Impact ☐ Chemical Exposure
- ☐ Noise ☐ Heat/Cold
- ☐ Particulate Matter ☐ Biological Agents
- ☐ Sharp Objects ☐ Electrical Hazards
- ☐ Slips/Trips/Falls ☐ Other: _____

PPE Required (check all that apply):

- ☐ Safety Glasses ☐ Face Shield
- ☐ Hearing Protection ☐ Respirator
- ☐ Gloves ☐ Hard Hat
- ☐ Protective Clothing ☐ Safety Footwear
- ☐ High-Visibility Apparel ☐ Fall Protection

Specific PPE Type/Model (if known): _____

Storage and Maintenance Requirements: _____

Training Required? ☐ Yes ☐ No

Date of Next Review: _____

Additional Notes: _____