



PERSONAL PROTECTIVE EQUIPMENT

# Hazard Assessment

CERTIFICATION

## Evaluation

NAME OF INDIVIDUAL PERFORMING EVALUATION	DATE OF EVALUATION
LOCATION OF EVALUATION ( <i>Building, Room #, etc.</i> )	
<b>CERTIFICATION.</b> By signing this form the individual certifies that a workplace hazard assessment has been performed in accordance with 8 CCR § 3380.	
SIGNATURE	

## Hazard Assessment

**Instructions:** 1) Complete this form for each location to document evaluation of the workplace for hazards that necessitate the use of personal protective equipment (PPE), 2) Provide training and document on the (attached) training roster, and 3) Maintain this documentation (NOTE: **Biochemistry and Chemistry laboratories** must maintain this document in the Laboratory Safety Manual). Example of hazards include: Impact, Penetration, Compression, Chemical, Heat, Harmful dust, and light (optical) radiation. Note that these Personal Protective Equipment (PPE) controls should be used in conjunction with other controls (engineering, administrative, and work practices).

Task	Hazard	Control	PPE required
		<input type="checkbox"/> EYE / FACE:	
		<input type="checkbox"/> BODY:	
		<input type="checkbox"/> HAND:	
		<input type="checkbox"/> FOOT:	
		<input type="checkbox"/> OTHER:	
		<input type="checkbox"/> EYE / FACE:	
		<input type="checkbox"/> BODY:	
		<input type="checkbox"/> HAND:	
		<input type="checkbox"/> FOOT:	
		<input type="checkbox"/> OTHER:	
		<input type="checkbox"/> EYE / FACE:	
		<input type="checkbox"/> BODY:	
		<input type="checkbox"/> HAND:	
		<input type="checkbox"/> FOOT:	
		<input type="checkbox"/> OTHER:	
		<input type="checkbox"/> EYE / FACE:	
		<input type="checkbox"/> BODY:	
		<input type="checkbox"/> HAND:	
		<input type="checkbox"/> FOOT:	
		<input type="checkbox"/> OTHER:	
		<input type="checkbox"/> EYE / FACE:	
		<input type="checkbox"/> BODY:	
		<input type="checkbox"/> HAND:	
		<input type="checkbox"/> FOOT:	
		<input type="checkbox"/> OTHER:	



PERSONAL PROTECTIVE EQUIPMENT  
**Hazard Assessment**  
 CERTIFICATION

### Evaluation

<b>NAME OF INDIVIDUAL PERFORMING EVALUATION</b> <i>Russell Vernon</i>	<b>DATE OF EVALUATION</b> <i>05/06/2011</i>
<b>LOCATION OF EVALUATION (Building, Room #, etc.)</b> <i>Environmental Health &amp; Safety: Warehouse</i>	
<b>CERTIFICATION.</b> By signing this form the individual certifies that a workplace hazard assessment has been performed in accordance with 8 CCR § 3380.	
SIGNATURE	<i>John Doe</i>

### Hazard Assessment

**Instructions:** 1) Complete this form for each location to document evaluation of the workplace for hazards that necessitate the use of personal protective equipment (PPE), 2) Provide training and document on the (attached) training roster, and 3) Maintain this documentation (NOTE: *Biochemistry and Chemistry laboratories* must maintain this document in the Laboratory Safety Manual). Example of hazards include: Impact, Penetration, Compression, Chemical, Heat, Harmful dust, and light (optical) radiation. Note that these Personal Protective Equipment (PPE) controls should be used in conjunction with other controls (engineering, administrative, and work practices).

Task	Hazard	Control	PPE required
<i>Research using organolithium compounds</i>	<i>Chemical (flammability and corrosivity)</i>	<input checked="" type="checkbox"/> EYE / FACE: <i>Safety glasses and face shield</i> <input checked="" type="checkbox"/> BODY: <i>Flame-resistant laboratory coat or coveralls</i> <input checked="" type="checkbox"/> HAND: <i>Nitrile gloves</i> <input checked="" type="checkbox"/> FOOT: <i>Closed-toe shoes</i> <input type="checkbox"/> OTHER:	
<i>Operation of Class 3B laser</i>	<i>Heat and Light (optical) radiation (Burns to eyes and/or skin)</i>	<input checked="" type="checkbox"/> Eye / Face: <i>Laser safety glasses/goggles with OD 5</i> <input checked="" type="checkbox"/> BODY: <i>Long-sleeved shirts and pants made of natural fibers</i> <input type="checkbox"/> HAND: <input type="checkbox"/> FOOT: <input checked="" type="checkbox"/> OTHER: <i>Hearing protection</i>	
<i>Disposal of biohazardous waste</i>	<i>Chemical (bloodborne pathogens)</i>	<input checked="" type="checkbox"/> EYE / FACE: <i>Safety glasses</i> <input checked="" type="checkbox"/> BODY: <i>Laboratory coat</i> <input checked="" type="checkbox"/> HAND: <i>Gloves</i> <input checked="" type="checkbox"/> FOOT: <i>Closed-toe shoes</i> <input type="checkbox"/> OTHER:	
		<input type="checkbox"/> EYE / FACE: <input type="checkbox"/> BODY: <input type="checkbox"/> HAND: <input type="checkbox"/> FOOT: <input type="checkbox"/> OTHER:	
		<input type="checkbox"/> EYE / FACE: <input type="checkbox"/> BODY: <input type="checkbox"/> HAND: <input type="checkbox"/> FOOT: <input type="checkbox"/> OTHER:	
		<input type="checkbox"/> EYE / FACE: <input type="checkbox"/> BODY: <input type="checkbox"/> HAND: <input type="checkbox"/> FOOT: <input type="checkbox"/> OTHER:	
		<input type="checkbox"/> EYE / FACE: <input type="checkbox"/> BODY: <input type="checkbox"/> HAND: <input type="checkbox"/> FOOT: <input type="checkbox"/> OTHER:	

Sample

## Training Roster

<b>Class:</b>	<b>Personal Protective Equipment (PPE)</b>
<b>Date/Time:</b>	_____
<b>Location:</b>	_____
<b>Instructor:</b>	_____ <b>Signature*:</b> _____
<b>Topics:</b>	<b>When PPE is necessary; What PPE is necessary; How to properly don, doff, adjust, and wear PPE; Limitations of PPE; Proper care, maintenance, useful life, and disposal of PPE; Demonstration of ability to use PPE. [8 CCR 3380]</b>

**Instructions:**

1. Complete this form for **each** personnel member.
2. Submit this form to EH&S Training by campus mail, fax (951) 827-5122 or email [ehstraining@ucr.edu](mailto:ehstraining@ucr.edu).

Name	Identification*	Date Trained	Student Initial**	Instructor Initial***

\***Identification:** Enter your Student ID, Employee ID, UCR NetID, UCR Email, or Date of Birth.  
 \*\***Student Initial:** By my initials I acknowledge that I received and understood training.  
 \*\*\***Instructor Initial:** By my initials I certify that the individuals on this roster have successfully passed the course (assessment).