HAZARD ASSESSMENT CERTIFICATION AND PERSONAL PROTECTIVE EQUIPMENT (PPE) SELECTION WORKSHEET

Facility and Workplace Evaluated:

LOCATIONS/SOURCE/TASK	HAZARDS TYPE*	ANALYSIS OF RISK (Low/Medium/High)		PERSONAL PROTECTIVE EQUIPMENT
		Level of Risk	Seriousness of Potential Injury	

***Hazard types:** Impact, penetration, chemical, heat, harmful dust, compression, light radiation (e.g., welding, laser), electric shock, high intensity noise, multiple exposures, etc.

I certify that I performed a hazard assessment of the above-named workplace. This document constitutes my findings and certification of this hazard assessment. I understand that this document facilitates compliance with the hazard assessment requirements of WAC 296-800-160.

Evaluator Name	Signature	Date
Safety Officer Name	Signature	Date

Distribution: **ORIGINAL** - Work Unit Supervisor **COPY** - Safety Officer

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 00-03, RCW 42.56, and RCW 40.14.