

APPENDIX B – PPE WORKSHEET

EYE/FACE HAZARDS	YES	NO	REQUIRED PPE – EYE/FACE
Flying debris	<input type="checkbox"/>	<input type="checkbox"/>	
Hot Sparks	<input type="checkbox"/>	<input type="checkbox"/>	
Molten metal splash	<input type="checkbox"/>	<input type="checkbox"/>	
High temperature	<input type="checkbox"/>	<input type="checkbox"/>	
Droplets/sprays splash	<input type="checkbox"/>	<input type="checkbox"/>	
Irritating mist	<input type="checkbox"/>	<input type="checkbox"/>	
Nuisance dust	<input type="checkbox"/>	<input type="checkbox"/>	
Fine dust	<input type="checkbox"/>	<input type="checkbox"/>	
Infrared radiation	<input type="checkbox"/>	<input type="checkbox"/>	
Visible light (glare)	<input type="checkbox"/>	<input type="checkbox"/>	
Ultraviolet radiation	<input type="checkbox"/>	<input type="checkbox"/>	
Arc Welding Arc	<input type="checkbox"/>	<input type="checkbox"/>	
Furnace/boiler electric arc	<input type="checkbox"/>	<input type="checkbox"/>	
Oxygen gas welding	<input type="checkbox"/>	<input type="checkbox"/>	
Oxyfuel/oxygen cutting	<input type="checkbox"/>	<input type="checkbox"/>	
Torch brazing	<input type="checkbox"/>	<input type="checkbox"/>	
Torch soldering	<input type="checkbox"/>	<input type="checkbox"/>	
Glare	<input type="checkbox"/>	<input type="checkbox"/>	
Other:	<input type="checkbox"/>	<input type="checkbox"/>	
Other:	<input type="checkbox"/>	<input type="checkbox"/>	
Required Eye/Face PPE might include gloves (various types), protective sleeves, long-sleeved shirts, etc.			
NOISE HAZARDS?	YES	NO	REQUIRED PPE - HEARING
Loud noises/environment	<input type="checkbox"/>	<input type="checkbox"/>	
Noisy machines/tools	<input type="checkbox"/>	<input type="checkbox"/>	
Heavy equipment	<input type="checkbox"/>	<input type="checkbox"/>	
Other:	<input type="checkbox"/>	<input type="checkbox"/>	
Other:	<input type="checkbox"/>	<input type="checkbox"/>	
Noisy environments, equipment, and machinery should be assessed by the Occupational Safety and Health Department (OSH). If no noise assessment has been performed by OSH, please complete the form at http://go.illinois.edu/NoiseAssessmentRequest .			
Required Hearing PPE might include ear plugs, ear muffs, etc.			

HAND HAZARDS?	YES	NO	REQUIRED PPE - HAND
Absorption of harmful substances	<input type="checkbox"/>	<input type="checkbox"/>	
Severe cuts or lacerations	<input type="checkbox"/>	<input type="checkbox"/>	
Severe abrasions	<input type="checkbox"/>	<input type="checkbox"/>	
Punctures	<input type="checkbox"/>	<input type="checkbox"/>	
Chemical burns/absorption	<input type="checkbox"/>	<input type="checkbox"/>	
Blood/Infectious material	<input type="checkbox"/>	<input type="checkbox"/>	
Thermal burns	<input type="checkbox"/>	<input type="checkbox"/>	
Temperature extremes	<input type="checkbox"/>	<input type="checkbox"/>	
Electricity	<input type="checkbox"/>	<input type="checkbox"/>	
Other:	<input type="checkbox"/>	<input type="checkbox"/>	
Other:	<input type="checkbox"/>	<input type="checkbox"/>	
Required Hand PPE might include chemical-resistant gloves (various types), cut-resistant gloves (various types), voltage-rated gloves, etc.			
FOOT HAZARDS?	YES	NO	REQUIRED PPE - FOOT
Corrosive materials	<input type="checkbox"/>	<input type="checkbox"/>	
Poisonous materials	<input type="checkbox"/>	<input type="checkbox"/>	
Absorption of harmful substances	<input type="checkbox"/>	<input type="checkbox"/>	
Electrical hazards	<input type="checkbox"/>	<input type="checkbox"/>	
Heavy objects rolling/falling	<input type="checkbox"/>	<input type="checkbox"/>	
Punctures	<input type="checkbox"/>	<input type="checkbox"/>	
Molten metal splash	<input type="checkbox"/>	<input type="checkbox"/>	
Hot surfaces	<input type="checkbox"/>	<input type="checkbox"/>	
Slippery surfaces	<input type="checkbox"/>	<input type="checkbox"/>	
Extreme cold	<input type="checkbox"/>	<input type="checkbox"/>	
Blood/Infectious material	<input type="checkbox"/>	<input type="checkbox"/>	
Electrostatic discharge explosion	<input type="checkbox"/>	<input type="checkbox"/>	
Other:	<input type="checkbox"/>	<input type="checkbox"/>	
Other:	<input type="checkbox"/>	<input type="checkbox"/>	
Required Foot PPE might include chemical-resistant shoe covers (various types), hard-toe safety shoe/boot, integral or insertable steel shanks, conductive shoes, etc.			

HEAD HAZARDS?	YES	NO	REQUIRED PPE - HEAD
Overhead beams	<input type="checkbox"/>	<input type="checkbox"/>	
Overhead pipes	<input type="checkbox"/>	<input type="checkbox"/>	
Insulating blanket	<input type="checkbox"/>	<input type="checkbox"/>	
Exposed electrical	<input type="checkbox"/>	<input type="checkbox"/>	
Falling objects	<input type="checkbox"/>	<input type="checkbox"/>	
Machine parts	<input type="checkbox"/>	<input type="checkbox"/>	
Other:	<input type="checkbox"/>	<input type="checkbox"/>	
Other:	<input type="checkbox"/>	<input type="checkbox"/>	
Required Head PPE might include protective helmets (various types), bump caps, etc.			
BODY HAZARDS?	YES	NO	REQUIRED PPE - BODY
Heavy equipment	<input type="checkbox"/>	<input type="checkbox"/>	
Traffic	<input type="checkbox"/>	<input type="checkbox"/>	
Particulates	<input type="checkbox"/>	<input type="checkbox"/>	
Chemical burns/absorption	<input type="checkbox"/>	<input type="checkbox"/>	
Poisonous materials	<input type="checkbox"/>	<input type="checkbox"/>	
Absorption of harmful substances	<input type="checkbox"/>	<input type="checkbox"/>	
Electrical hazards	<input type="checkbox"/>	<input type="checkbox"/>	
Molten metal splash	<input type="checkbox"/>	<input type="checkbox"/>	
Hot surfaces	<input type="checkbox"/>	<input type="checkbox"/>	
Extreme cold	<input type="checkbox"/>	<input type="checkbox"/>	
Blood/Infectious material	<input type="checkbox"/>	<input type="checkbox"/>	
Other:	<input type="checkbox"/>	<input type="checkbox"/>	
Other:	<input type="checkbox"/>	<input type="checkbox"/>	
Required Body PPE might include Arc-rated clothing, chemical-resistant aprons or coveralls (various types), welding jacket, etc.			
RESPIRATORY HAZARDS?	YES	NO	REQUIRED PPE - RESPIRATORY
Dust or particulate	<input type="checkbox"/>	<input type="checkbox"/>	The Occupational Safety and Health Department (OSH) must evaluate respiratory hazards and select the appropriate respiratory protection before a respirator can be worn. If no respiratory protection assessment has been performed by OSH, please complete the form at http://go.illinois.edu/respirator_request .
Toxic gas/vapor	<input type="checkbox"/>	<input type="checkbox"/>	
Pesticides	<input type="checkbox"/>	<input type="checkbox"/>	
Other:	<input type="checkbox"/>	<input type="checkbox"/>	
Other:	<input type="checkbox"/>	<input type="checkbox"/>	
Required Respiratory PPE might include dust mask, ½ mask, full mask, PAPR, SCBA, etc.			

FALL HAZARDS?	YES	NO	REQUIRED PPE - FALL
Unprotected sides/edges > 4'	<input type="checkbox"/>	<input type="checkbox"/>	<p>Fall hazards controlled using personal fall protection system (PFPS) must be evaluated by a Fall Protection Competent Person before employee exposure to the fall hazard and wearing of PFPS.</p> <p>Contact your unit level safety contact to have the fall hazard assessed.</p> <p>PPE might include harness, lanyard, temporary anchor points, etc.</p>
Leading edges	<input type="checkbox"/>	<input type="checkbox"/>	
Holes	<input type="checkbox"/>	<input type="checkbox"/>	
Openings	<input type="checkbox"/>	<input type="checkbox"/>	
Ramp/Runway/Walkway	<input type="checkbox"/>	<input type="checkbox"/>	
Dangerous Equipment	<input type="checkbox"/>	<input type="checkbox"/>	
Vertical Ladder > 24'	<input type="checkbox"/>	<input type="checkbox"/>	
Other:	<input type="checkbox"/>	<input type="checkbox"/>	
Other:	<input type="checkbox"/>	<input type="checkbox"/>	