

Personal Protective Equipment Program Appendix C

PPE HAZARD ASSESSMENT SURVEY

Date: Department: Location / Activity: Evaluation by:

Hazard Categories	Source(s) of Hazards	Type of Potential Injury (i.e, cut, burn, contusion, illness, etc.)	Risk of Potential Injury (High, Medium, Low)	Seriousness of Potential Injury (High, Medium, Low)	Engineering Controls, Administrative Controls, or PPE Currently Available to Protect Employees
Impact					
Penetration					
Compression					



Corporate Procedure Environmental, Health and Safety (EHS) Department The Mosaic Company 3033 Campus Drive, Suite E490 Plymouth, MN 55441

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Chemical					
Heat					
Harmful Dust					



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Light/ Radiation					
Noise					

Personal Protective Equipment Certification of Hazard Assessment

I certify that hazard assessment(s) for personal protective equipment was/were completed on [Insert dates] at the Mosaic [Insert facility name] facility.

Name:

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Mosaic	Corporate Procedure Environmental, Health and Safety (EHS) Department	The Mosaic Company 3033 Campus Drive, Suite E490 Plymouth, MN 55441
Signature:		
Date:		