



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					



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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: _____



Signature: _____

Date: _____