

PERSONAL PROTECTIVE EQUIPMENT

HAZARD ASSESSMENT

Date of Hazard Assessment: _____

Location: _____

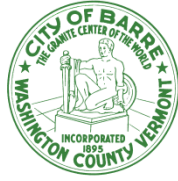
Employee doing the Work: _____

Person Performing Hazard Assessment: _____

Task: _____

HAZARD: _____

PPE Required:



PERSONAL PROTECTIVE EQUIPMENT

CERTIFICATION OF HAZARD ASSESSMENT

The City of Barre certifies that a hazard assessment of the workplace was performed at our facility located in _____. This assessment consisted of a review of prior injury and illness records and a walk-through inspection of all areas of the facility. The purpose of this assessment was to identify sources of hazards to workers that are present, or are likely to be present, in the workplace which necessitate the use of personal protective equipment (PPE).

Workplace Evaluated:

Person Certifying Hazard Assessment:

Name: _____ **Title:** _____

Date(s) of Hazard Assessment: _____

Attachments: Hazard Assessment forms