

## VOLUNTARY N95 MASK CERTIFICATION OF HAZARD ASSESSMENT FORM FOR NO PE USE

The OSHA Standard states: The employer shall assess the workplace to determine if hazards are present, or are likely to be present, which necessitate the use of personal protective equipment (PPE). 1910.132(d)(1) The employer shall verify that the required workplace hazard assessment has been performed through a written certification that identifies the workplace evaluated; the person certifying that the evaluation has been performed; the date(s) of the hazard assessment; and, which identifies the document as a certification of hazard assessment. 1910.132(d)(2)

This form may be used to certify (document in writing) your hazard assessment. Keep it on permanent file in your department.

**PERFORMED BY OR TASK:** \_\_\_\_\_ **DEPARTMENT:** \_\_\_\_\_

**LOCATION (Building / Room):** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**NONE – Hazards requiring personal protective equipment are not present or likely to be present.**

HAZARDS TO CONSIDER	ASSESSMENT OF HAZARD	PPE REQUIRED	COMMENTS
← Flying particles from grinding, cutting, chiseling, and mowing.	<i>Eye or face injury</i> <input type="checkbox"/> Impact from flying particles <input type="checkbox"/> Splash in eyes <input type="checkbox"/> Facial skin chemical contact <input type="checkbox"/> Nose/mouth contact	<input type="checkbox"/> Safety glasses <input type="checkbox"/> With side shields <input type="checkbox"/> Safety goggles <input type="checkbox"/> Chemical splash goggles <input type="checkbox"/> Face shield <input type="checkbox"/> Face mask <input type="checkbox"/> Other .....	
← Splashes from solvents, paints, lubricants and lawn chemicals.	Body/skin contact <input type="checkbox"/> Biological agents <input type="checkbox"/> Sharps <input type="checkbox"/> Radioactive materials <input type="checkbox"/> Chemicals <input type="checkbox"/> Hot or cold objects	<input type="checkbox"/> Lab coat / Gown <input type="checkbox"/> Scrubs <input type="checkbox"/> Apron <input type="checkbox"/> Long Sleeves <input type="checkbox"/> Coveralls <input type="checkbox"/> <input type="checkbox"/> Tyveks <input type="checkbox"/> <input type="checkbox"/> Other.....	
← Operations generating airborne fiber, dust, fume, mist, or vapor	<input type="checkbox"/> Required: inhalation exposure above exposure standards <input type="checkbox"/> Voluntary: inhalation exposure below Standard	<i>Respirator</i> <input type="checkbox"/> Filter or Cartridge <input type="checkbox"/> SCBA or air line <input type="checkbox"/> Dust Mask <input type="checkbox"/> Other .....	Contact EHS for initial exposure assessment.
← High noise levels from equipment or operation	<input type="checkbox"/> Required: exposure above standards <input type="checkbox"/> Voluntary: exposure below standards	<input type="checkbox"/> Muff <input type="checkbox"/> Ear Plugs <input type="checkbox"/> Other.....	Contact EHS for initial noise exposure assessment.
<i>Non ionizing radiation sources</i> <input type="checkbox"/> Lasers <input type="checkbox"/> Welding <input type="checkbox"/> Infrared <input type="checkbox"/> Ultraviolet	<i>Radiation burns to:</i> <input type="checkbox"/> Eyes, <input type="checkbox"/> Body <input type="checkbox"/> Skin	<input type="checkbox"/> Shaded safety glasses <input type="checkbox"/> With side shields <input type="checkbox"/> Shaded safety goggles <input type="checkbox"/> Welding helmet <input type="checkbox"/> Protective clothing (welding leathers, etc.) <input type="checkbox"/> Barriers, shields <input type="checkbox"/> Other .....	
← <i>General safety: physical hazards from equipment, process, or material</i>	<input type="checkbox"/> <i>Foot Injury.</i> equipment or object that can fall or roll onto feet	<input type="checkbox"/> Safety shoes <input type="checkbox"/> Boots <input type="checkbox"/> Other.....	
← Chemical exposure, sharp edges splinters, electrical energy, & repeated use (cause blistering)	<i>Hand Hazards</i> <input type="checkbox"/> <i>Impact or penetration</i> to hands <input type="checkbox"/> Chemical contact <input type="checkbox"/> Electrical contact	<input type="checkbox"/> Latex/Nitrile gloves <input type="checkbox"/> Double Latex gloves <input type="checkbox"/> Rubber gloves <input type="checkbox"/> General Use gloves <input type="checkbox"/> Cut resistant gloves <input type="checkbox"/> High Voltage gloves <input type="checkbox"/> Chemical resistant gloves <input type="checkbox"/> Coveralls <input type="checkbox"/> Other.....	
← Overhead Hazards - Low ceilings, overhead work, hair entanglement	<input type="checkbox"/> Head Protection	<input type="checkbox"/> Hard Hat <input type="checkbox"/> <input type="checkbox"/> Hair <input type="checkbox"/> Confinement <input type="checkbox"/> Other.....	
	<input type="checkbox"/> Other: <i>extreme heat or cold</i>	<input type="checkbox"/> Thermal gloves <input type="checkbox"/> Face shields <input type="checkbox"/> Thermal clothing <input type="checkbox"/> Safety glasses <input type="checkbox"/> Barriers /shields <input type="checkbox"/> Other.....	
<input type="checkbox"/> Other			

All Affected Employees Notified: Yes  No

**AUTHORIZATION**

Approved

I certify that I have conducted the Job Hazard Assessment of the job tasks listed above and have detailed the findings of the Job Hazard Assessment on this form.

Supervisor Name:

Supervisor Signature:

Date:

*\* Completed forms must be emailed to [riskmanagement@evansville.edu](mailto:riskmanagement@evansville.edu) Departments must also keep the original copy of the completed form for their records*

EHS/RM Reviewed