

University of Florida
Workplace Hazard Assessment Form

Instructions: Use this form to help identify the Personal Protective Equipment required within each work location. Multiple forms may be used, as needed, to include all work areas or job functions within each Department.

Department:	Job Function/Activities:
Division/Shop:	
Work Location(s):	

Hazards Present <small>(check all that apply)</small>	Describe Hazards <small>(e.g., work with glass, arcs from welding, work on steam lines, etc.)</small>	Personal Protective Equipment to Consider <small>(check all applicable and complete appropriate boxes with the specific PPE required e.g., splash goggles, face shields, nitrile gloves, hard hat, etc.)</small>						
		Eye	Hand	Head	Clothing	Foot	Respiratory	Hearing
<input type="checkbox"/> Impact		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	/	/
<input type="checkbox"/> Cuts/Penetration		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	/	/
<input type="checkbox"/> Pinch/Crush/Roll Over		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	/	/
<input type="checkbox"/> Thermal (Hot/Cold)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	/	/
<input type="checkbox"/> Light (optical) Radiation		<input type="checkbox"/>	/	/	/	/	/	/
<input type="checkbox"/> Chemical		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Contact EH&S for direction	/
<input type="checkbox"/> Biological		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Contact EH&S for direction	/
<input type="checkbox"/> Harmful Dust		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Contact EH&S for direction	/
<input type="checkbox"/> Electrical		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	/	<input type="checkbox"/> Contact EH&S for direction
<input type="checkbox"/> Noise		/	/	/	/	/	/	<input type="checkbox"/> Contact EH&S for direction
<input type="checkbox"/> Other		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Contact EH&S for direction	/
<input type="checkbox"/> None <small>(check if no apparent hazards exist)</small>		/	/	/	/	/	/	/

Assessment completed by: _____ Signature: _____ Date: _____
 Title: _____ Phone: _____ Unit: _____

Return completed forms to Department of Environmental Health & Safety. Retain a copy in each work location