

Personal Protective Equipment Hazard Assessment Log

| Company Name | : | | Date of Asse | Date of Assessment: | | |
|---------------|-------------|--------|--------------|---------------------------------------|--|--|
| Company Addre | ss: | | Workplace | Workplace Evaluated: | | |
| | | | Name of Pe | Name of Person Completing Assessment: | | |
| Job Clas | sification/ | Hazard | Body Part | PPE Required? | | |

| Job Classification/ Workstation | Hazard Source/Type | Body Part Affected | PPE Required? Yes/No | Type of PPE Required |
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