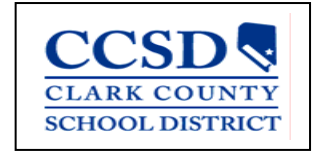


Workplace Hazard Assessment Certification Personal Protective Equipment (PPE)



Room / Workplace:		Facility Name:	
Assessor's Name:		Location Code:	

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)
Task(s) Being Performed	Name of Equipment and/or Chemical being used	Manufacturer/Brand Model/Serial #	Chemical Hazard Yes/No	If <u>Yes</u> , Identify Hazard(s) (Refer to MSDS for PPE Requirements section (h) of this form)	Physical Hazard Yes/No	If <u>Yes</u> , Identify Hazard(s) (Refer to Operator's Manual for PPE Requirements section (h) of this form)	PPE Requirements

*** Note: For biological hazard(s) refer to Clark County School District's Exposure Control Plan (Universal Precautions).**

I certify that I have conducted a Workplace Hazard Assessment to evaluate the need for personal protective equipment. The personal protective equipment noted above will be required while performing task(s) that involves identified hazard(s).

Authorized Signature

Date