Eye and Face Protection Checklist



HAZARD ASSESSMENT

Are any of the following eye and face injury hazards present in the work area?	Yes	No
Sources of dust/flying particles, such as chipping, grinding, drilling, chiseling, riveting, or sanding?		
Molten metal?		
Acids or caustic liquids?		
Chemical gases or vapors?		
Potentially injurious light radiation?		
Handling of chemicals or other toxic substances?		
Smoke and fumes?		
Other eye injury hazards? If yes – please specify: _____ _____		

EXISTING EYE AND FACE PROTECTION

Is protective eye wear or other eye or face protection currently used? Indicate the types of eye and face protection used.	Yes	No

Protective device	Tasks used for		
Safety glasses			
Goggles			
Face shields			
Welding shields			
Helmets that include face shields			

SUMMARY OF HAZARDS IDENTIFIED AND PPE REQUIREMENTS

Task	Hazard	Abatement Measure