

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
