FDR Safety Hazard Assessment Checklist



A certification of hazard assessment for personal protective equipment checklist.

FDRSAFETY

Safety Training and Consulting

Certification of Hazard Assessment
For
Personal Protective Equipment (PPE)

Company Name:
Address:

Workplace Assessed:
Name / Job Title of Assessor:
Date(s) of Assessment:

TYPES OF HAZARDS IN ASSESSED WORKPLACE:

A.___IMPACT / FALLING OBJECT

1. Are there sources of motion which expose an employee to impact hazards? YES NO
2. List the source(s) of motion:
3. Is work performed above or below other workers? YES NO
4. Is it possible for an employee to be struck by a falling object? YES NO
5. Are there any activities generating flying fragments? YES NO
6. List the sources of flying fragments:
7. Do employees carry heavy objects, which could cause injury if dropped? YES NO
8. Is there any movement of personnel that could result in collision with stationary objects? YES NO
9. Number of this type injury logged in company records for the last 5 years?

B.___PENETRATION (sharp objects)

1. Are there sources of penetration hazards? YES NO
2. List the source(s) of penetration hazard:
3. Is there scrap metal, nails, wire, staples, or other foot penetration hazards used in this area? YES NO
4. Are there sharp objects used in process area? YES NO
5. Are there processes where abrasions could occur? YES NO
6. Number of this type injury logged in company records for the last 5 years?