

Appendix A, Section 0130

**THE UNIVERSITY OF NORTH CAROLINA at GREENSBORO
PERSONAL PROTECTIVE EQUIPMENT
HAZARD ASSESSMENT CERTIFICATION**

Date Started: _____ Date Assessment Completed: _____

Area or Process in which hazard assessment is being conducted:

Assessment Conducted by: _____

Indicate the types of hazards that exist:

<input type="checkbox"/> Impact	<input type="checkbox"/> Penetration
<input type="checkbox"/> Heat	<input type="checkbox"/> Harmful Dust
<input type="checkbox"/> Light Radiation (optical)	<input type="checkbox"/> Compression (roll over)
<input type="checkbox"/> Other	<input type="checkbox"/> Chemical

Describe the level of risk or seriousness of potential injury to the employee created by:

Impact:

Penetration:

Compression:

Chemical:

Heat:

Harmful Dust:

Light Radiation:

Combination of two or more of the above:

Analysis of Injury and Accident History:

Additional Information: