



**NC Department of Correction**  
**Personal Protective Equipment (PPE) Hazard Assessment Selection**



**Job:** \_\_\_\_\_ **Code:** \_\_\_\_\_ **Session:** \_\_\_\_\_ **Supervisor:** \_\_\_\_\_

**EYES AND FACE**

Is there danger from:	No	Yes	Eliminated, Guarded, PPE E, G, PPE	Required PPE	Required PPE
1. Flying Particles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. Molten Metal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>		
3. Liquid Chemical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>		
4. Acids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>		
5. Caustic Liquids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>		
6. Chemical Gases or Vapors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>		
7. Light Radiation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>		
8. Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>		

**HEAD**

Is there danger from:	No	Yes	E, G, PPE	Required PPE	Required PPE
1. Falling or Flying Objects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. Work Being Performed Overhead	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>		
3. Elevated Conveyors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>		
4. Striking Against a Fixed Object	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>		
5. Forklift Hazards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>		
6. Exposed Electrical Conductors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>		
7. Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>		

**FOOT**

Is there danger from:	No	Yes	E, G, PPE	Required PPE	Required PPE
1. Falling and Rolling Objects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. Objects Piercing the Sole	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>		
3. Electrical Hazards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>		
4. Wet or Slippery Surfaces	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>		
5. Chemical Exposure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>		
6. Environmental	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>		
7. Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>		



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**HAND**

Is there danger from:

	No	Yes	E, G, PPE	Required PPE	Required PPE
1. Skin Absorption	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. Cuts or Lacerations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>		
3. Abrasions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>		
4. Punctures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>		
5. Chemical Burns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>		
6. Thermal Burns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>		
7. Harmful Temperature Extremes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>		
8. Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>		

**RESPIRATORY**

Has the workplace area been evaluated for:

	No	Yes	E, G, PPE	Required PPE	Required PPE
1. Harmful Dusts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. Fogs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>		
3. Fumes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>		
4. Mists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>		
5. Smokes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>		
6. Sprays	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>		
7. Vapors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>		
8. Asbestos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>		
9. Lead	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>		

**TORSO**

Are employee's or inmate's bodies protected from:

	No	Yes	E, G, PPE	Required PPE	Required PPE
1. Hot metals and liquids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. Cuts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>		
3. Acids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>		
4. Radiation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>		



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**HEARING PROTECTION**

Does the Job duties require the use of:	No	Yes	E, G, PPE	Required PPE	Required PPE
1. Farming Equipment (tractors, combine)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. Lawn Mower/Leaf Blower/Weedeater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>		
3. Woodworking Equipment (Table, Miter, Rip Saws or Planer)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>		
4. Metalworking Equipment (Presses, Punches, Shears, etc...)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>		
5. Construction Equipment (All powered construction equipment)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>		
6. Chain Saw	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>		
7. Air Compressor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>		
8. Chillers/Boilers/Pumps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>		
9. Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>		

**General Rule:** If a normal conversation at the distance of three (3) feet can not be heard or the person has to shout, then hearing protection is required.

**Protection Rating:** Ear Muffs or Ear Plugs must have at least a 22 dB Noise Reduction Rating (NRR). The higher the NRR the better hearing protection when worn per manufacturer's instruction.

**OVERALL PPE ASSESSMENT COMMENTS**

Required PPE

Chemicals Used

Tools/Equipment Used

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

**Certification:**

This hazard assessment has been performed to determine the required type of PPE for each affected employee or inmate. The assessment includes:

- Walk-through and Survey Specific Job Analysis
- Review of Accident Statistics
- Review of Safety Equipment Selection Guideline Materials
- Selection of Appropriate Required PPE

Assessment Certified by (Supervisor) \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_