

CERTIFICATION OF PERSONAL PROTECTIVE EQUIPMENT (PPE)

HAZARD ASSESSMENT

Date Assessed	Assessed By (Signature) <i>Name / Job Title</i>	Process, Dept. or Equipment assessed	Hazard Type (IMP, PEN, COM, CHM, HT, HD, RD)	Body Part Impacted (Eye, Face, Hand, Foot, Other)	Hazard Potential (High, Med., Low)	PPE Selected	Date Corrected

*KEY: Hazard Type: IMP=Impact; PEN=Penetration; COM=Compression; CHM=Chemical; HT=Heat; HD=Hazardous Dust; RD=Light Radiation

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