

APPENDIX A2

CERTIFICATION OF HAZARD ASSESSMENT  
(Position/Title)

DEPARTMENT: \_\_\_\_\_ BUILDING: \_\_\_\_\_ ROOM: \_\_\_\_\_  
POSITION/TITLE: \_\_\_\_\_

Eye and Face Hazard	Task	PPE Required
_____	_____	_____
_____	_____	_____

Head Hazard	Task	PPE Required
_____	_____	_____
_____	_____	_____

Electrical Hazard	Task	PPE Required
_____	_____	_____
_____	_____	_____

Whole Body	Task	PPE Required
_____	_____	_____
_____	_____	_____

Respiratory	Task	PPE Required
_____	_____	_____
_____	_____	_____

Foot	Task	PPE Required
_____	_____	_____
_____	_____	_____

Hand	Task	PPE Required
_____	_____	_____
_____	_____	_____

Other	Task	PPE Required
_____	_____	_____
_____	_____	_____

OTHER CONTROL MEASURES: \_\_\_\_\_

**CERTIFICATION:** I certify this hazard assessment was conducted in accordance with the provisions of the Purdue University Personal Protective Equipment Policy.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

**DISTRIBUTION:** Department PPE Assessment File  
REM, CIVL  
POST: Work Area