CERTIFICATION OF JOB HAZARD ANALYSIS

Conduct a walk through survey of the area/operation to determine if any of the following hazards exist. If they do, determine the correct type of personal protective equipment (PPE) necessary to reduce the risk to tan acceptable level. Be specific when describing the PPE, such as the material it must be made of, specific type of respirator cartridges etc.

Job Title:	**Job Task:**
Type of Hazard *Check box if applicable*	**Type of PPE Required** *Be Specific*
☐ **IMPACT:**	
☐ **PENETRATION:**	
☐ **COMPRESSION:**	
☐ **FLYING OBJECTS:**	
☐ **CHEMICAL EXPOSURE/HARMFUL DUST:**	
☐ **HEAT:**	
☐ **COLD:**	
☐ **HARMFUL LIGHT:**	
☐ **EXPOSURE TO ELECTRICITY OVER 50 VOLTS:**	
☐ **NOISE OVER 85 dB(A):**	
☐ **OTHER HAZARDS:**	
I certify the area/operation described above has been evaluated by me for hazards on the date below:	
PRINT NAME:	**DATE:**
SIGNATURE:	