

# Written Certification of Hazard Assessment

Employers are required to perform workplace hazard assessments and provide eye, face, hand, and foot protection for their employees under the OSHA final rule on personal protective equipment (§1910.132). Employers are required to verify that they have performed the assessment through a written certification. This form provides the necessary information to aid in the certification of the workplace. By addressing the questions found below, you will be able to comply with the appropriate training requirement.

Make sure the individual performing the assessment/training signs and dates this form. Keep a copy for your records. Each year, or whenever new hazards enter the workplace, employers are required to do a reassessment.

Name of the workplace: \_\_\_\_\_

Address of the workplace: \_\_\_\_\_

Date of the hazard assessment: \_\_\_\_\_

Name of the hazard assessment evaluator: \_\_\_\_\_

## Part I

### Date of review

The compliance evaluator should observe the following:

1. Sources of motion (e.g.: machinery or processes where any movement of tools or instruments, machine elements or particles could exist). Date of review \_\_\_\_\_
2. Movement of personnel that could result in collision with stationary objects. Date of review \_\_\_\_\_
3. Sources of falling objects or potential for dropping objects. Date of review \_\_\_\_\_
4. Sources of sharp objects which might pierce or cut the hands. Date of review \_\_\_\_\_
5. Layout of the workplace and location of co-workers. Provide a schematic drawing of the workplace that includes employee workstations (e.g.: operatories, exam rooms, laboratory, etc.) and exits. Date of review \_\_\_\_\_

## Part II

This section consists of nine (9) questions that require a *Yes* or *No* response. With a *Yes* answer, additional information will be required (Parts B-F). Training should be conducted before you proceed to the next question.

1. Are employees exposed to any type of flying particles in the workplace (e.g., model trimmers, debris from handpieces, centrifuges, lathes and other rotary instruments.)? Yes    No

If yes proceed to 1(b), 1(c), 1(d).

1(b) Provide a list of the sources where flying particles are found in the workplace:

---

---

---

---

1(c) Check the Personal Protective Equipment (PPE) you require for flying particles found in the workplace:



Safety Glasses



Tinted Eyewear



Protected Gloves



Protected Apron



Face Shield



Dust Mask



Splash Goggles



Protective Clothing

1(d). Training requirements for PPE listed above:

- A. Did employees receive training on when and where they need to wear the PPE identified above? Yes    No
- B. Did each employee receive training on how to use the equipment properly? Yes    No
- C. Were the limitations of the personal protective equipment explained to each employee? Yes    No
- D. Does each employee understand how to maintain and/or dispose of the PPE provided to them? Yes    No

2. Are employees exposed to molten metals (e.g., casting or soldering) procedures of any kind? Yes    No

If yes proceed to 2(b), 2(c), 2(d).

2.(b) Provide a list of the type of molten metals found in the workplace:

---



---



---



---

2.(c) Check the PPE you require for employees exposed to molten metals:



Safety Glasses



Tinted Eyewear



Protected Gloves



Protected Apron



Face Shield



Dust Mask



Splash Goggles



Protective Clothing

2.(d) Training requirements for PPE listed above:

- A. Did employees receive training on when and where they need to wear the PPE identified above? Yes    No
- B. Did each employee receive training on how to use the equipment properly? Yes    No
- C. Were the limitations of the personal protective equipment explained to each employee? Yes    No
- D. Does each employee understand how to maintain and dispose of the PPE provided to them? Yes    No

3. Are employees exposed to liquid chemicals (e.g., disinfectants, fixer, developer, etc.) Yes No

If yes proceed to 3(b), 3(c), 3(d).

3.(b) Provide a list of the type of liquid chemicals found in your workplace:

---



---



---



---

3.(c) Check the PPE you require for employees exposed to liquid chemicals:



Safety Glasses



Tinted Eyewear



Protected Gloves



Protected Apron



Face Shield



Dust Mask



Splash Goggles



Protective Clothing

3.(d) Training requirements for PPE listed above:

- |   |        |
|---|--------|
| A. Did employees receive training on when and where they need to wear the PPE identified above? | Yes No |
| B. Did each employee receive training on how to use the equipment properly?                     | Yes No |
| C. Were the limitations of the personal protective equipment explained to each employee?        | Yes No |
| D. Does each employee understand how to maintain and dispose of the PPE provided to them?       | Yes No |

4. Are employees exposed to acids of any kind (e.g., phosphoric and hydrofluoric acids used for enamel etching and porcelain)? Yes No

If yes proceed to 4(b), 4(c), 4(d).

4.(b) List the types of acids found in your workplace:

---



---



---



---

4.(c) Check the PPE you require when employees are exposed to acids:



Safety Glasses



Tinted Eyewear



Protected Gloves



Protected Apron



Face Shield



Dust Mask



Splash Goggles



Protective Clothing

4.(d) Training requirements for PPE listed above:

- |   |        |
|---|--------|
| A. Did employees receive training on when and where they need to wear the PPE identified above? | Yes No |
| B. Did each employee receive training on how to use the equipment properly?                     | Yes No |
| C. Were the limitations of the personal protective equipment explained to each employee?        | Yes No |
| D. Does each employee understand how to maintain and dispose of the PPE provided to them?       | Yes No |

5. Are chemical gases or vapors of any type present in the workplace (e.g., ethylene oxide, formaldehyde, nitrous oxide, halogenated anesthetic gases, etc) Yes No

if yes proceed to 5(b?), 5(c), 5(d).

5.(b) Provide a list of the chemical gases and vapors present:

---



---



---



---

5.(c) Check the PPE you require for employees exposed to chemical gases and/or vapors found in the workplace:



Safety Glasses



Tinted Eyewear



Protected Gloves



Protected Apron



Face Shield



Dust Mask



Splash Goggles



Protective Clothing

5.(d) Training requirements for PPE listed above:

- A. Did employees receive training on when and where they need to wear the PPE identified above? Yes No
- B. Did each employee receive training on how to use the equipment properly? Yes No
- C. Were the limitations of the personal protective equipment explained to each employee? Yes No
- D. Does each employee understand how to maintain and dispose of the PPE provided to them? Yes No

6. Are employees exposed to light or radiation of any type (e.g., high intensity light, dental curing lights, lasers, etc.)? Yes    No

If yes proceed to 6(b), 6(c), 6(d).

6.(b) List the sources of light or radiation employees are exposed to:

---



---



---



---

6.(c) Check the PPE you require for employees exposed to light radiation:



Safety Glasses



Tinted Eyewear



Protected Gloves



Protected Apron



Face Shield



Dust Mask



Splash Goggles



Protective Clothing

6.(d) Training requirements for PPE listed above:

- |   |           |
|---|-----------|
| A. Did employees receive training on when and where they need to wear the PPE identified above? | Yes    No |
| B. Did each employee receive training on how to use the equipment properly?                     | Yes    No |
| C. Were the limitations of the personal protective equipment explained to each employee?        | Yes    No |
| D. Does each employee understand how to maintain and dispose of the PPE provided to them?       | Yes    No |

7. Are employees exposed to harmful substances that could be absorbed by the skin (e.g: any powder, liquid, or paste in the facility containing hazardous ingredients. Consult the SDS for specific information )?      Yes      No

If yes proceed to 7(b), 7(c), 7(d).

7.(b) Provide a list of the substances found in the workplace that could be absorbed by the skin:

---



---



---



---

7.(c) Check the PPE you require for employees exposed to harmful substances absorbed by the skin:



Safety Glasses



Tinted Eyewear



Protected Gloves



Protected Apron



Face Shield



Dust Mask



Splash Goggles



Protective Clothing

7.(d) Training requirements for PPE listed above:

- |   |     |    |
|---|-----|----|
| A. Did employees receive training on when and where they need to wear the PPE identified above? | Yes | No |
| B. Did each employee receive training on how to use the equipment properly?                     | Yes | No |
| C. Were the limitations of the personal protective equipment explained to each employee?        | Yes | No |
| D. Does each employee understand how to maintain and/or dispose of the PPE provided to them?    | Yes | No |



8. Are employees hands protected against severe cuts, abrasions, or punctures? Yes No

If yes proceed to 8(b), 8(c).

8.(b) Describe the types of gloves employees would use under certain conditions:

Type of glove:	Condition for use:
Example: Nitrile	Corrosives such as disinfectants, fixer, developer
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

8.(c) Training requirements for PPE listed above:

- |   |     |    |
|---|-----|----|
| A. Did employees receive training on when and where they need to wear the PPE identified above? | Yes | No |
| B. Did each employee receive training on how to use the equipment properly?                     | Yes | No |
| C. Were the limitations of the personal protective equipment explained to each employee?        | Yes | No |
| D. Does each employee understand how to maintain and dispose of the PPE provided to them?       | Yes | No |

9. Are employees exposed to equipment (e.g., autoclaves, dry heat sterilizers, etc.) or chemicals (e.g., acids, corrosives) that can cause burns? Yes No

If yes proceed to 9(b), 9(c), 9(d), 9(e), 9(f).

9.(b) List the type of equipment that could cause burns:

---



---



---

9.(c) Check the PPE you require for employees exposed to equipment that can cause burns:



Safety Glasses



Tinted Eyewear



Protected Gloves



Protected Apron



Face Shield



Dust Mask



Splash Goggles



Protective Clothing

9.(d) List the type of chemicals that can cause burns:

---



---

9.(e) Check the PPE you require for employees exposed to chemicals that can cause burns:



Safety Glasses



Tinted Eyewear



Protected Gloves



Protected Apron



Face Shield



Dust Mask



Splash Goggles



Protective Clothing

9.(f) Training requirements for PPE listed above:

- |   |     |    |
|---|-----|----|
| A. Did employees receive training on when and where they need to wear the PPE identified above? | Yes | No |
| B. Did each employee receive training on how to use the equipment properly?                     | Yes | No |
| C. Were the limitations of the personal protective equipment explained to each employee?        | Yes | No |
| D. Does each employee understand how to maintain and dispose of the PPE provided to them?       | Yes | No |