



# UCSB Job Hazard Assessment & Personal Protective Equipment Selection and Training Tool

## Evaluation

NAME OF INDIVIDUAL PERFORMING EVALUATION:	DATE OF EVALUATION
EVALUATION FOR <i>(Individual/Job/Process)</i> :	
<b>CERTIFICATION.</b> <i>By signing this form the individual certifies that a workplace hazard assessment has been performed in accordance with 8 CCR § 3380.</i>	
SIGNATURE	

## Job Hazard Assessment

**Instructions:** 1) Use this form to perform a documented job hazard assessment (JHA) for **each job task** that necessitates the use of personal protective equipment (PPE), 2) Provide training and document on the (attached) training roster, and 3) Maintain this documentation until the task is no longer being performed. Example of hazards include: Impact, penetration, compression, laceration, exposure, heat, noise and light (optical) radiation. Note that these Personal Protective Equipment (PPE) controls should be used in conjunction with other controls (engineering, administrative, and work practices).

Task	Hazard	Control	PPE required
		<input type="checkbox"/> EYE / FACE:	
		<input type="checkbox"/> BODY:	
		<input type="checkbox"/> HAND:	
		<input type="checkbox"/> FOOT:	
		<input type="checkbox"/> OTHER:	
		<input type="checkbox"/> EYE / FACE:	
		<input type="checkbox"/> BODY:	
		<input type="checkbox"/> HAND:	
		<input type="checkbox"/> FOOT:	
		<input type="checkbox"/> OTHER:	
		<input type="checkbox"/> EYE / FACE:	
		<input type="checkbox"/> BODY:	
		<input type="checkbox"/> HAND:	
		<input type="checkbox"/> FOOT:	
		<input type="checkbox"/> OTHER:	
		<input type="checkbox"/> EYE / FACE:	
		<input type="checkbox"/> BODY:	
		<input type="checkbox"/> HAND:	
		<input type="checkbox"/> FOOT:	
		<input type="checkbox"/> OTHER:	
		<input type="checkbox"/> EYE / FACE:	
		<input type="checkbox"/> BODY:	
		<input type="checkbox"/> HAND:	
		<input type="checkbox"/> FOOT:	
		<input type="checkbox"/> OTHER:	



# Personal Protective Equipment Training Roster

<b>Class:</b>	<b>Personal Protective Equipment (PPE)</b>
<b>Date/Time:</b>	_____
<b>Location:</b>	_____
<b>Instructor:</b>	_____ <b>Job Title :</b> _____
<b>Topics:</b>	<b>When PPE is necessary; What PPE is necessary; How to properly don, doff, adjust, and wear PPE; Limitations of PPE; Proper care, maintenance, useful life, and disposal of PPE; Demonstration of ability to use PPE. [8 CCR 3380]</b>

**Instructions:**

1. Complete this form for **each** personnel member.
2. Submit this form to EH&S Training by campus mail, fax (805) 893-8659 or email [nick.nieberding@ehs.ucsb.edu](mailto:nick.nieberding@ehs.ucsb.edu).

<b>Name</b>	<b>Identification Number*</b>	<b>Date Trained</b>	<b>Student Signature**</b>	<b>Instructor Initial***</b>

**\*Identification:** Enter your Student ID, Employee ID, UC NetID, UC Email, or Date of Birth.  
**\*\*Student Signature:** By signing this document I acknowledge that I received and understood the training above.  
**\*\*\*Instructor Initial:** By my initials I certify that the individuals on this roster have successfully passed the course (assessment).

# UCSB Job Hazard Assessment & Personal Protective Equipment Selection and Training Tool (sample)

## Evaluation

<b>NAME OF INDIVIDUAL PERFORMING EVALUATION</b> <i>Joe Supervisor</i>	<b>DATE OF EVALUATION</b> <i>05/06/2011</i>
<b>EVALUATION OF (Individual, Job, Process)</b> <i>General Research Assistant</i>	
<b>CERTIFICATION.</b> <i>By signing this form the individual certifies that a workplace hazard assessment has been performed in accordance with 8 CCR § 3380.</i>	
SIGNATURE	<i>J. Supervisor</i>

## Hazard Assessment

**Instructions:** 1) Use this form to perform a documented job hazard assessment (JHA) for **each job task** that necessitates the use of personal protective equipment (PPE), 2) Provide training and document on the (attached) training roster, and 3) Maintain this documentation until the task is no longer being performed. Example of hazards include: Impact, penetration, compression, laceration, exposure, heat, noise and light (optical) radiation. Note that these Personal Protective Equipment (PPE) controls should be used in conjunction with other controls (engineering, administrative, and work practices).

Task	Hazard	Control	PPE required
<i>Research using organolithium compounds</i>	<i>Chemical (flammability and corrosivity)</i>	<input checked="" type="checkbox"/> EYE / FACE: <i>Safety glasses and face shield</i> <input checked="" type="checkbox"/> BODY: <i>Flame-resistant laboratory coat or coveralls</i> <input checked="" type="checkbox"/> HAND: <i>Nitrile gloves</i> <input checked="" type="checkbox"/> FOOT: <i>Closed-toe shoes</i> <input type="checkbox"/> OTHER:	
<i>Operation of Class 3B laser</i>	<i>Heat and Light (optical) radiation (Burns to eyes and/or skin)</i>	<input checked="" type="checkbox"/> Eye / Face: <i>Laser safety glasses/goggles with OD 5</i> <input checked="" type="checkbox"/> BODY: <i>Long-sleeved shirts and pants made of natural fibers</i> <input type="checkbox"/> HAND: <input type="checkbox"/> FOOT: <input checked="" type="checkbox"/> OTHER: <i>Hearing protection</i>	
<i>Disposal of biohazardous waste</i>	<i>Chemical (bloodborne pathogens)</i>	<input checked="" type="checkbox"/> EYE / FACE: <i>Safety glasses</i> <input checked="" type="checkbox"/> BODY: <i>Laboratory coat</i> <input checked="" type="checkbox"/> HAND: <i>Gloves</i> <input checked="" type="checkbox"/> FOOT: <i>Closed-toe shoes</i> <input type="checkbox"/> OTHER:	
		<input type="checkbox"/> EYE / FACE: <input type="checkbox"/> BODY: <input type="checkbox"/> HAND: <input type="checkbox"/> FOOT: <input type="checkbox"/> OTHER:	
		<input type="checkbox"/> EYE / FACE: <input type="checkbox"/> BODY: <input type="checkbox"/> HAND: <input type="checkbox"/> FOOT: <input type="checkbox"/> OTHER:	
		<input type="checkbox"/> EYE / FACE: <input type="checkbox"/> BODY: <input type="checkbox"/> HAND: <input type="checkbox"/> FOOT: <input type="checkbox"/> OTHER:	

Sample