



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>	
CERTIFICATION. <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	Frequency & Duration	Hazards	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:
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			<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:

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

Evaluation

NAME OF INDIVIDUAL PERFORMING EVALUATION <i>Joe Supervisor</i>	DATE OF EVALUATION <i>05/06/2011</i>
EVALUATION OF (Individual, Job, Process) <i>General Research Assistant</i>	
CERTIFICATION. <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	Frequency & Duration	Hazard	PPE required
<i>Research using organolithium compounds</i>	<i>Daily, up to 4 hours each time.</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>Weekly, up to 15 minutes each time.</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>Monthly, less than 30 minutes each time.</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