Personal Protective Equipment

The following equipment is required in this work area: _____

Task	Eye Protection 	Ear Plugs or Ear Muffs 	Gloves 	Feet 	Apron 	Respirator 	ANSI Hi-Vis clothing 	Hard Hat 	Fall Protection 	Other
For example: Chainsaw operations	X Safety glasses with faceshield	X	X	X						X—Kevlar Chaps
For example: Electroplating operations	X goggles		X nitrile	X	X					

This certifies that the workplace has been evaluated for hazards in order to determine if personal protective equipment is required.
Signature of person conducting the assessment: _____ Date: _____

This summary is an optional format intended to help communicate PPE requirements to employees. Each employer may develop their own format. You may add PPE icons that apply to your worksite. A certification statement is required. Based on workplace hazards, other programs, such as a Respirator Program, Hazard Communication, or Hearing Conservation Program, may also be required.