**Commonwealth of Massachusetts**

**Department of Labor Standards**

**OSHA Consultation Program**

[**mass.gov/dols/consult**](http://www.mass.gov/dols/consult)

**Personal Protective Equipment**

**Written Certification of Workplace Hazard Assessment**

(29CFR 1910.132)

(Revised March of 2024):

**Note:** The following is provided as a guideline only.

Employers must develop written programs that are specific to their companies’ needs.

Hazards at the workplace should be controlled using methods other than personal protective equipment (PPE) whenever possible. More desirable methods include engineering controls, ventilation controls, use of a less toxic material or the elimination of a hazard. PPE will be used only when there is no feasible alternative to control the hazard.

**Selection of PPE**

In accordance with OSHA requirements, a hazard assessment will be done for each work area or operation within the company to determine if PPE is needed and, if so, what type is needed. All PPE will be selected in accordance with the current OSHA standards that require that PPE meet certain *American National Standards Institute (ANSI) Standards.*

**Maintenance of PPE**

***(Name)*** is responsible for maintaining PPE at this Company. If PPE is in need of repair, cleaning or replacement  ***(Name)***  should be contacted. Any PPE that is damaged or in need of cleaning should not be worn. Replacement PPE will be issued promptly.

## Personal Protective Equipment

## Written Certification of Workplace Hazard Assessment

(29CFR 1910.132)

### Written Certification of Workplace Hazard Assessment

**This is to certify that \_\_\_\_\_*(name)* \_\_\_\_\_ has performed a Hazard Assessment for   
 *(Work Area or Operation evaluated)* on \_*(date)* in order to determine if PPE is required, and if so, what specific type is required.\* \_\_\_*(signature of person performing assessment)*\_**

**The following PPE is required for this operation or work area:**

**Examples:**

**Task: Recharging/refilling 12-Volt lead-acid batteries:**

**Hazard PPE Required Specific Type**

Sulfuric acid splash Eye protection Chemical splash goggles

# Hand protection Rubber gloves

# Body protection Rubber apron

**Task: Operating grinding wheel**

**Hazard PPE Required Specific Type**

Flying metal chips Eye protection Safety glasses with side shields

Hot or sharp metal Hand protection Leather gloves

Noise Hearing protection Foam plugs or earmuffs

**Task: Cleaning deli slicer in kitchen**

**Hazard PPE Required Specific Type**

Lacerations Hand protection Cut-resistant gloves (e.g. Kevlar)

**Task: Changing/replenishing laundry chemicals**

**Hazard PPE Required Specific Type**

Corrosive liquid splash Eye protection Chemical splash goggles

# Hand protection Rubber gloves

Body protection Rubber apron

**\*Note: Statements equivalent to those in bold letters are required by the PPE Standard.**

**Personal Protective Equipment**

## Written Certification of Workplace Hazard Assessment

**(29CFR 1910.132)**

### Written Certification of Workplace Hazard Assessment

**This is to certify that \_\_\_\_\_*(name)* \_\_\_\_\_ has performed a *Hazard Assessment* for   
 *(Work Area or Operation evaluated)* on \_*(date)* in order to determine if PPE is required, and if so, what specific type is required.\* \_\_\_(*signature of person performing assessment)*\_\_ .**

The following PPE is required for this operation or work area:

**Task:   
 Hazard: PPE Required: Specific type:**

|  |  |  |
| --- | --- | --- |
|  |  |  |

**Task:   
 Hazard: PPE Required: Specific type:**

|  |  |  |
| --- | --- | --- |
|  |  |  |

**Task:   
 Hazard: PPE Required: Specific type:**

|  |  |  |
| --- | --- | --- |
|  |  |  |

**Note: Statements equivalent to those in bold letters are required by the PPE Standard.**