



University of Illinois at Urbana-Champaign Personal Protective Equipment Program

APPENDIX B – PPE WORKSHEET

EYE/FACE HAZARDS	YES	NO	REQUIRED PPE – EYE/FACE
Flying debris	<input type="checkbox"/>	<input type="checkbox"/>	
Hot Sparks	<input type="checkbox"/>	<input type="checkbox"/>	
Molten metal splash	<input type="checkbox"/>	<input type="checkbox"/>	
High temperature	<input type="checkbox"/>	<input type="checkbox"/>	
Droplets/sprays splash	<input type="checkbox"/>	<input type="checkbox"/>	
Irritating mist	<input type="checkbox"/>	<input type="checkbox"/>	
Nuisance dust	<input type="checkbox"/>	<input type="checkbox"/>	
Fine dust	<input type="checkbox"/>	<input type="checkbox"/>	
Infrared radiation	<input type="checkbox"/>	<input type="checkbox"/>	
Visible light (glare)	<input type="checkbox"/>	<input type="checkbox"/>	
Ultraviolet radiation	<input type="checkbox"/>	<input type="checkbox"/>	
Arc Welding Arc	<input type="checkbox"/>	<input type="checkbox"/>	
Furnace/boiler electric arc	<input type="checkbox"/>	<input type="checkbox"/>	
Oxygen gas welding	<input type="checkbox"/>	<input type="checkbox"/>	
Oxyfuel/oxygen cutting	<input type="checkbox"/>	<input type="checkbox"/>	
Torch brazing	<input type="checkbox"/>	<input type="checkbox"/>	
Torch soldering	<input type="checkbox"/>	<input type="checkbox"/>	
Glare	<input type="checkbox"/>	<input type="checkbox"/>	
Other:	<input type="checkbox"/>	<input type="checkbox"/>	
Other:	<input type="checkbox"/>	<input type="checkbox"/>	

Required Eye/Face PPE might include gloves (various types), protective sleeves, long-sleeved shirts, etc.

NOISE HAZARDS?	YES	NO	REQUIRED PPE - HEARING
Loud noises/environment	<input type="checkbox"/>	<input type="checkbox"/>	
Noisy machines/tools	<input type="checkbox"/>	<input type="checkbox"/>	
Heavy equipment	<input type="checkbox"/>	<input type="checkbox"/>	
Other:	<input type="checkbox"/>	<input type="checkbox"/>	
Other:	<input type="checkbox"/>	<input type="checkbox"/>	

Noisy environments, equipment, and machinery should be assessed by the Occupational Safety and Health Department (OSH). If no noise assessment has been performed by OSH, please complete the form at <http://go.illinois.edu/NoiseAssessmentRequest>.

Required Hearing PPE might include ear plugs, ear muffs, etc.



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HAND HAZARDS?	YES	NO	REQUIRED PPE - HAND
Absorption of harmful substances	<input type="checkbox"/>	<input type="checkbox"/>	
Severe cuts or lacerations	<input type="checkbox"/>	<input type="checkbox"/>	
Severe abrasions	<input type="checkbox"/>	<input type="checkbox"/>	
Punctures	<input type="checkbox"/>	<input type="checkbox"/>	
Chemical burns/absorption	<input type="checkbox"/>	<input type="checkbox"/>	
Blood/Infectious material	<input type="checkbox"/>	<input type="checkbox"/>	
Thermal burns	<input type="checkbox"/>	<input type="checkbox"/>	
Temperature extremes	<input type="checkbox"/>	<input type="checkbox"/>	
Electricity	<input type="checkbox"/>	<input type="checkbox"/>	
Other:	<input type="checkbox"/>	<input type="checkbox"/>	
Other:	<input type="checkbox"/>	<input type="checkbox"/>	
Required Hand PPE might include chemical-resistant gloves (various types), cut-resistant gloves (various types), voltage-rated gloves, etc.			
FOOT HAZARDS?	YES	NO	REQUIRED PPE - FOOT
Corrosive materials	<input type="checkbox"/>	<input type="checkbox"/>	
Poisonous materials	<input type="checkbox"/>	<input type="checkbox"/>	
Absorption of harmful substances	<input type="checkbox"/>	<input type="checkbox"/>	
Electrical hazards	<input type="checkbox"/>	<input type="checkbox"/>	
Heavy objects rolling/falling	<input type="checkbox"/>	<input type="checkbox"/>	
Punctures	<input type="checkbox"/>	<input type="checkbox"/>	
Molten metal splash	<input type="checkbox"/>	<input type="checkbox"/>	
Hot surfaces	<input type="checkbox"/>	<input type="checkbox"/>	
Slippery surfaces	<input type="checkbox"/>	<input type="checkbox"/>	
Extreme cold	<input type="checkbox"/>	<input type="checkbox"/>	
Blood/Infectious material	<input type="checkbox"/>	<input type="checkbox"/>	
Electrostatic discharge explosion	<input type="checkbox"/>	<input type="checkbox"/>	
Other:	<input type="checkbox"/>	<input type="checkbox"/>	
Other:	<input type="checkbox"/>	<input type="checkbox"/>	
Required Foot PPE might include chemical-resistant shoe covers (various types), hard-toe safety shoe/boot, integral or insertable steel shanks, conductive shoes, etc.			



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HEAD HAZARDS?	YES	NO	REQUIRED PPE - HEAD
Overhead beams	<input type="checkbox"/>	<input type="checkbox"/>	
Overhead pipes	<input type="checkbox"/>	<input type="checkbox"/>	
Insulating blanket	<input type="checkbox"/>	<input type="checkbox"/>	
Exposed electrical	<input type="checkbox"/>	<input type="checkbox"/>	
Falling objects	<input type="checkbox"/>	<input type="checkbox"/>	
Machine parts	<input type="checkbox"/>	<input type="checkbox"/>	
Other:	<input type="checkbox"/>	<input type="checkbox"/>	
Other:	<input type="checkbox"/>	<input type="checkbox"/>	
Required Head PPE might include protective helmets (various types), bump caps, etc.			
BODY HAZARDS?	YES	NO	REQUIRED PPE - BODY
Heavy equipment	<input type="checkbox"/>	<input type="checkbox"/>	
Traffic	<input type="checkbox"/>	<input type="checkbox"/>	
Particulates	<input type="checkbox"/>	<input type="checkbox"/>	
Chemical burns/absorption	<input type="checkbox"/>	<input type="checkbox"/>	
Poisonous materials	<input type="checkbox"/>	<input type="checkbox"/>	
Absorption of harmful substances	<input type="checkbox"/>	<input type="checkbox"/>	
Electrical hazards	<input type="checkbox"/>	<input type="checkbox"/>	
Molten metal splash	<input type="checkbox"/>	<input type="checkbox"/>	
Hot surfaces	<input type="checkbox"/>	<input type="checkbox"/>	
Extreme cold	<input type="checkbox"/>	<input type="checkbox"/>	
Blood/Infectious material	<input type="checkbox"/>	<input type="checkbox"/>	
Other:	<input type="checkbox"/>	<input type="checkbox"/>	
Other:	<input type="checkbox"/>	<input type="checkbox"/>	
Required Body PPE might include Arc-rated clothing, chemical-resistant aprons or coveralls (various types), welding jacket, etc.			
RESPIRATORY HAZARDS?	YES	NO	REQUIRED PPE - RESPIRATORY
Dust or particulate	<input type="checkbox"/>	<input type="checkbox"/>	The Occupational Safety and Health Department (OSH) must evaluate respiratory hazards and select the appropriate respiratory protection before a respirator can be worn. If no respiratory protection assessment has been performed by OSH, please complete the form at http://go.illinois.edu/respirator_request .
Toxic gas/vapor	<input type="checkbox"/>	<input type="checkbox"/>	
Pesticides	<input type="checkbox"/>	<input type="checkbox"/>	
Other:	<input type="checkbox"/>	<input type="checkbox"/>	
Other:	<input type="checkbox"/>	<input type="checkbox"/>	
Required Respiratory PPE might include dust mask, ½ mask, full mask, PAPR, SCBA, etc.			



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FALL HAZARDS?	YES	NO	REQUIRED PPE - FALL
Unprotected sides/edges > 4'	<input type="checkbox"/>	<input type="checkbox"/>	
Leading edges	<input type="checkbox"/>	<input type="checkbox"/>	
Holes	<input type="checkbox"/>	<input type="checkbox"/>	Fall hazards controlled using personal fall protection system (PFPS) must be evaluated by a Fall Protection Competent Person before employee exposure to the fall hazard and wearing of PFPS.
Openings	<input type="checkbox"/>	<input type="checkbox"/>	Contact your unit level safety contact to have the fall hazard assessed.
Ramp/Runway/Walkway	<input type="checkbox"/>	<input type="checkbox"/>	
Dangerous Equipment	<input type="checkbox"/>	<input type="checkbox"/>	
Vertical Ladder > 24'	<input type="checkbox"/>	<input type="checkbox"/>	PPE might include harness, lanyard, temporary anchor points, etc.
Other:	<input type="checkbox"/>	<input type="checkbox"/>	
Other:	<input type="checkbox"/>	<input type="checkbox"/>	