Certification of Hazard Assessment

For: _____
Job description

I. PPE (personal protective equipment) in necessary during the following working conditions:

II. The PPE necessary to work in the above conditions are:

Part of Body	**Specify exact type**
_____ Eye / Face Protection	_____
_____ Respiratory Protection	_____
_____ Hand / Skin Protection	_____
_____ Hearing Protection	_____
_____ Head Protection	_____
_____ Foot Protection	_____
_____	_____
_____	_____

Certified by: _____ Date: _____

Please sign below that you have been instructed and have demonstrated your ability to:
_____ Adjust and properly wear your PPE
_____ Know the limitations of your PPE, including its useful lifetime
_____ Maintain, store and dispose of your PPE

If you have any comments on this certification, please write them down on the back of this sheet or communicate them to your instructor prior to signing below.

Employee Name	Signature	Date