

EYES		
Work activities, such as: <input type="checkbox"/> Abrasive Blasting <input type="checkbox"/> Chopping <input type="checkbox"/> Cutting <input type="checkbox"/> Drilling <input type="checkbox"/> Welding <input type="checkbox"/> Punch Press Operations <input type="checkbox"/> Sanding <input type="checkbox"/> Sawing <input type="checkbox"/> Grinding <input type="checkbox"/> Hammering <input type="checkbox"/> Other	Work-related exposure to: <input type="checkbox"/> Airborne Dust <input type="checkbox"/> Flying Particles <input type="checkbox"/> Blood Splashes <input type="checkbox"/> Hazardous Liquid Chemicals <input type="checkbox"/> Intense Light <input type="checkbox"/> Other	Can hazard be eliminated without the use of PPE? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, use <input type="checkbox"/> Safety Glasses <input type="checkbox"/> Safety Goggles <input type="checkbox"/> Shading/Filter (#) <input type="checkbox"/> Welding Shield <input type="checkbox"/> Side Shields <input type="checkbox"/> Dust-tight Goggles <input type="checkbox"/> Other
FACE		
Work activities, such as: <input type="checkbox"/> Cleaning <input type="checkbox"/> Cooking <input type="checkbox"/> Siphoning <input type="checkbox"/> Painting <input type="checkbox"/> Dip Tank Operations <input type="checkbox"/> Foundry Work <input type="checkbox"/> Welding <input type="checkbox"/> Mixing <input type="checkbox"/> Pouring Molten Metal <input type="checkbox"/> Other	Work-related exposure to: <input type="checkbox"/> Hazardous Liquid Chemicals <input type="checkbox"/> Extreme Heat/Cold <input type="checkbox"/> Potentials Irritants (like) <input type="checkbox"/> Other	Can hazard be eliminated without the use of PPE? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, use <input type="checkbox"/> Face Shield <input type="checkbox"/> Shading/Filter (#) <input type="checkbox"/> Welding Shield <input type="checkbox"/> Other
HEAD		
Work activities, such as: <input type="checkbox"/> Building Maintenance <input type="checkbox"/> Confined Space Operations <input type="checkbox"/> Construction <input type="checkbox"/> Electrical Wiring <input type="checkbox"/> Walking/Working Under Catwalks <input type="checkbox"/> Walking/Working Under Conveyor Belts <input type="checkbox"/> Walking/Working Under Crane Loads <input type="checkbox"/> Utility Work <input type="checkbox"/> Other	Work-related exposure to: <input type="checkbox"/> Beams <input type="checkbox"/> Pipes <input type="checkbox"/> Exposed Electrical Wiring or Components <input type="checkbox"/> Falling Objects <input type="checkbox"/> Machine Parts <input type="checkbox"/> Other	Can hazard be eliminated without the use of PPE? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, use <input type="checkbox"/> Protective Helmet <input type="checkbox"/> Type A (low voltage) <input type="checkbox"/> Type B (high voltage) <input type="checkbox"/> Type C <input type="checkbox"/> Bump Cap <input type="checkbox"/> Hair Net or Soft Cap <input type="checkbox"/> Other

HANDS/ARMS		
<p>Work activities, such as:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Building Maintenance <input type="checkbox"/> Construction <input type="checkbox"/> Demolition <input type="checkbox"/> Food Processing <input type="checkbox"/> Foundry Work <input type="checkbox"/> Logging <input type="checkbox"/> Plumbing <input type="checkbox"/> Trenching <input type="checkbox"/> Use of highly flammable materials <input type="checkbox"/> Welding <input type="checkbox"/> Other 	<p>Work-related exposure to:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Explosive atmospheres <input type="checkbox"/> Explosives <input type="checkbox"/> Exposed Electrical Wiring or Components <input type="checkbox"/> Extreme Heat/Cold <input type="checkbox"/> Other 	<p>Can hazard be eliminated without the use of PPE? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If no, use</p> <ul style="list-style-type: none"> <input type="checkbox"/> Suitable Gloves <ul style="list-style-type: none"> <input type="checkbox"/> Chemical Splashes <input type="checkbox"/> Cuts, Lacerations, Abrasions, Punctures <input type="checkbox"/> Burns, Biological <input type="checkbox"/> Other
BODY/SKIN		
<p>Work activities, such as:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Baking or Frying <input type="checkbox"/> Battery Charging <input type="checkbox"/> Dip Tank Operation <input type="checkbox"/> Fiberglass Installation <input type="checkbox"/> Irritating Chemicals <input type="checkbox"/> Sawing <input type="checkbox"/> Other 	<p>Work-related exposure to:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Chemical Splashes <input type="checkbox"/> Extreme Heat/Cold <input type="checkbox"/> Sharp or Rough Edges <input type="checkbox"/> Tools <input type="checkbox"/> Other 	<p>Can hazard be eliminated without the use of PPE? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If no, use</p> <ul style="list-style-type: none"> <input type="checkbox"/> Vest, Jacket <input type="checkbox"/> Coveralls, Body Suit <input type="checkbox"/> Raingear <input type="checkbox"/> Apron <input type="checkbox"/> Welding Leathers <input type="checkbox"/> Abrasion/Cut Resistance <input type="checkbox"/> Other
FOOT/LEGS (Protect against impact, compression, puncture)		
<p>Work activities, such as:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Carrying, Handling Heavy Objects <input type="checkbox"/> Using Heavy Carts, Rolls, Pipes <input type="checkbox"/> Where Sharp Objects May Be Stepped On <input type="checkbox"/> Other 	<p>Work-related exposure to:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Chemical Splashes <input type="checkbox"/> Sharp or Rough Edges <input type="checkbox"/> Slippery Surfaces <input type="checkbox"/> Heavy Equipment/Materials <input type="checkbox"/> Other 	<p>Can hazard be eliminated without the use of PPE? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If no, use</p> <ul style="list-style-type: none"> <input type="checkbox"/> Safety Shoes or Boots <ul style="list-style-type: none"> <input type="checkbox"/> Toe Protection <input type="checkbox"/> Electrical Protection <input type="checkbox"/> Puncture Resistance <input type="checkbox"/> Anti-Slip Soles <input type="checkbox"/> Leggings or Chaps <input type="checkbox"/> Foot-Leg Guards <input type="checkbox"/> Metatarsal Protection

		<input type="checkbox"/> Heat/Cold Protection <input type="checkbox"/> Chemical Resistance <input type="checkbox"/> Other
BODY/WHOLE		
Work activities, such as: <input type="checkbox"/> Building Maintenance <input type="checkbox"/> Construction <input type="checkbox"/> Logging <input type="checkbox"/> Utility Work <input type="checkbox"/> Other	Work-related exposure to: <input type="checkbox"/> Working from Heights of 10 Feet or More <input type="checkbox"/> Working Near Water <input type="checkbox"/> Other	Can hazard be eliminated without the use of PPE? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, use <input type="checkbox"/> Fall Arrest/Restraint <input type="checkbox"/> Type <input type="checkbox"/> PFD <input type="checkbox"/> Type <input type="checkbox"/> Other
LUNGS/RESPIRATORY		
Work activities, such as: <input type="checkbox"/> Cleaning <input type="checkbox"/> Mixing <input type="checkbox"/> Painting <input type="checkbox"/> Fiberglass Installation <input type="checkbox"/> Compresses Air or Gas Operations <input type="checkbox"/> Pouring <input type="checkbox"/> Sawing <input type="checkbox"/> Other	Work-related exposure to: <input type="checkbox"/> Irritating Dust or Particulate <input type="checkbox"/> Irritating or Toxic Gas/Vapor <input type="checkbox"/> Other	Can hazard be eliminated without the use of PPE? Yes <input type="checkbox"/> No <input type="checkbox"/>
EARS/HEARING		
Work activities, such as: <input type="checkbox"/> Generator <input type="checkbox"/> Ventilation Fans <input type="checkbox"/> Motors <input type="checkbox"/> Sanding <input type="checkbox"/> Pneumatic Equipment <input type="checkbox"/> Punch or Brake Presses <input type="checkbox"/> Use of Conveyors <input type="checkbox"/> Grinding <input type="checkbox"/> Machining <input type="checkbox"/> Routers <input type="checkbox"/> Sawing <input type="checkbox"/> Other	Work-related exposure to: <input type="checkbox"/> Loud Noises <input type="checkbox"/> Loud Work Environment <input type="checkbox"/> Noisy Machines/Tools <input type="checkbox"/> Punch or Brake Presses <input type="checkbox"/> Other	Can hazard be eliminated without the use of PPE? Yes <input type="checkbox"/> No <input type="checkbox"/>