

# State of Hawaii

## HAZARD ASSESSMENT CERTIFICATION \*

Department: \_\_\_\_\_ Job Title of Employee: \_\_\_\_\_

Division/Branch: \_\_\_\_\_ Position Number: \_\_\_\_\_

Baseyard: \_\_\_\_\_ Evaluated By (Print Name:): \_\_\_\_\_

Work Unit: \_\_\_\_\_ Position: \_\_\_\_\_ Phone: \_\_\_\_\_

Position Location (island, city): \_\_\_\_\_ \*Use special safety shoes form for foot protection. Not applicable for respiratory protection.

Describe Each Task or Activity	Hazard Associated with Task or Activity	Level, Size, Degree or Impact of Hazard Exposure

Hazard Assessment: Part of Body and Type of Protection Required:

- |                               |                                       |   |                                     |                                       |
|-------------------------------|---------------------------------------|---|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> Head | <input type="checkbox"/> Body         | <input type="checkbox"/> Hard Hat (metal)     | <input type="checkbox"/> Spectacles | <input type="checkbox"/> Apron        |
| <input type="checkbox"/> Face | <input type="checkbox"/> Hands        | <input type="checkbox"/> Hard Hat (non-metal) | <input type="checkbox"/> Ear Muffs  | <input type="checkbox"/> Body Suit    |
| <input type="checkbox"/> Eyes | <input type="checkbox"/> Skin         | <input type="checkbox"/> Face Shield          | <input type="checkbox"/> Ear Plugs  | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Ears | <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Goggles              | <input type="checkbox"/> Gloves     | <input type="checkbox"/> Other: _____ |

Additional Requirements or sub category on the type of equipment (i.e. leather apron-welding): \_\_\_\_\_

Person certifying assessment: \_\_\_\_\_  
Print Name (if different from above)
Signature
Date

## *Completing the Hazard Assessment Certification Form*

Occupational Safety and Health (OSH) rules require employers to identify hazards in the workplace that cause or are likely to cause employee injuries. When engineering or administrative controls are not feasible, employers must assess the workplace to determine if hazards are present or are likely to be present that require the use of personal protective equipment.

The hazard assessment certification can be used to complete OSHA requirements and steps to completing this form are:

1. Complete the demographics section of the form. OSHA standards require an assessment of each particular type of work activity at a given location. An assessment of the same job title that have identical duties and responsibilities at the same baseyard is permissible.
2. Perform assessment by initiating a walk-through of the worksite to identify tasks (column 1) with potential sources of injury such as: clean animal shelters, trim grass with weedeater, remove/replace vehicle battery, or clear vegetation from hiking trail with machete. List all tasks that indicate a source of potential injury. Note: there is a special safety shoes form for foot protection.  
  
In column 2 indicate the corresponding hazard from column 1, such as: animal bite/scratch and animal fecal infection; impact/flying rocks, vibration and noise from equipment; splash from liquid chemical, or acids, smash fingers; and laceration to arms, hands, and legs from thorns of plants.
3. Review data of each hazard in column 2 to determine the level, size, degree or impact of hazard exposure for column 3. For example, the filter lens shade level and type of eye and face protection varies for various tasks such as welding, chipping, grinding, groundskeeping, etc. and the level of hearing protector attenuation required to reduce employee exposure to an action level of 85 dBA determines the noise reduction rating (NNR) of the hearing protector selected.
4. Check the appropriate boxes for part of body and type of protection required for hazards assessed. Other types may include: knee pads for working on floors such as carpet laying, sleeves to protect arms from steam, chemicals, hot items, etc., and chaps to protect legs from impact/flying objects, thorny bushes and branches, etc.
5. Complete certification requirements by printing the name of the evaluator, and with the evaluator signing and dating the form.