

Kansas Vocational Rehabilitation Services
PERSONAL PROTECTIVE EQUIPMENT (PPE) SURVEY FORM

Date _____

Business Name _____

Department _____

Operation or Area _____

Hazards present (Mark all that apply.)

- | | |
|---|---|
| 1. <input type="checkbox"/> Chemical | 6. <input type="checkbox"/> Noise |
| 2. <input type="checkbox"/> Compression | 7. <input type="checkbox"/> Penetration |
| 3. <input type="checkbox"/> Dust | 8. <input type="checkbox"/> Steam |
| 4. <input type="checkbox"/> Impact | 9. <input type="checkbox"/> Temperature extreme — cold |
| 5. <input type="checkbox"/> Light (optical) radiation | 10. <input type="checkbox"/> Temperature extreme — heat |
| 11. <input type="checkbox"/> Other: _____ | |

Personal protective equipment selection: (mark all that apply)

1. Chemical-resistant boots _____
2. Glasses/goggles
 - a. Chemical splash goggle _____
 - b. Impact-resistant goggle _____
 - c. Safety glasses/streetwear glasses _____
 - d. Face Shield _____
 - e. Other _____
3. Gloves
 - a. Chemical Resistant _____
 - b. Cut Resistant _____
 - c. Other _____
4. Hard hats _____
5. Hearing Protection _____
6. Negative pressure respirator _____
7. Nuisance dust respirator _____
8. Steel toe safety shoes _____
9. Tyvek/Saranex coated suit _____
10. Other PPE _____

While conducting the survey, write a narrative describing the operation and what specific task requires PPE. For example, "Use rubber gloves and eye protection while cleaning dies."

Signature _____

Date _____