

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

Date:

Business Name:

Department:

Operation or Area:

Other:

Hazards Present (mark all the apply):

- | | |
|------------------------------|------------------------------|
| 1. Chemical | 7. Penetration |
| 2. Compression | 8. Steam |
| 3. Dust | 9. Temperature extreme-cold |
| 4. Impact | 10. Temperature extreme-heat |
| 5. Light (optical) radiation | 11. Other: |
| 6. Noise | |

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