| **Section 3**  | **Personal Protective Equipment****Hazard Assessment** |
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| **Form 3** |
| **FOOT and LEG HAZARDS** | [ ]  **N/A** | [ ]  **YES** | [ ]  **NO** |
| Does your employee(s) perform tasks, or work near employees who perform tasks, which produce any of the following hazards: |
| [ ]  Chemical(s) | [ ]  Biological(s) | [ ]  Extreme Heat/Cold | [ ]  Impact/Compression |
| [ ]  Heavy Equipment  | [ ]  Moving Parts | [ ]  Explosives  | [ ]  Falling Objects/Parts |
| [ ]  Cut/Laceration/Puncture | [ ]  Explosive/Flammable  | [ ]  Slippery/Wet Surfaces | [ ]  Electrical/Static  |
| ☐ Other (*specify*):  | ☐ Other (*specify*):  | ☐ Other (*specify*):  | ☐ Other (*specify*):  |
| **Controls in Place** |
| [ ]  Substitution  | [ ]  Housekeeping  | [ ]  Isolation/Grounding  | [ ]  Safe Work Practices  |
| [ ]  Appropriate Clothing  | [ ]  Anti-Fatigue Mats | [ ]  Guarding | [ ]  Shielding |
| [ ]  Mechanical Devices Used | [ ]  De-energization  | ☐ Other (*specify*):  | ☐ Other (*specify*):  |
| **PPE Requirements** |
| [ ]  Work Boot  | [ ]  Steel/Compression Toe | [ ]  Slip Resistant Sole  | [ ]  Puncture Resistant Sole |
| [ ]  Non-conductive | [ ]  Metatarsal Protection  | [ ]  Shin Guards | [ ]  Knee Pads |
| [ ]  Chaps | [ ]  Toe Guard  | ☐ Other (*specify*):  | ☐ Other (*specify*):  |
| **Additional Comments:**  |
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