| **Section 3** | **Personal Protective Equipment**  **Hazard Assessment** | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **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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