

**APPENDIX 1: WORKPLACE HAZARD ASSESSMENT CERTIFICATION**

**WORKPLACE HAZARD ASSESSMENT  
CERTIFICATION**

*Instructions: Complete form using Personal Protective Equipment Hazard Assessment Guidelines. Departments are to retain completed forms.*

Person(s) conducting the hazard assessment:

WSU Location/Department/Unit:

Date of last  
inventory:

WORK ACTIVITY ASSESSED	BLD/ROOM LOCATION	DATE	HAZARD(S) IDENTIFIED	PPE SELECTED (MAKE & MODEL#)

I, \_\_\_\_\_, certify that the assessment of the identified work activities has been performed. Date: \_\_\_\_\_

EH&SS 2/06

PPE HAZARDS: 1) impact/penetration/vibration/temperature extremes/optical (light) radiation/compression/rollover/noise/electric shock/water/elevated surfaces/ confined spaces/respirable hazards/chemical contact/radioactive materials/biological materials