

PPE Hazard Assessment Certification Form

*Name of work place: EcoShield

*Assessment conducted by: _____

*Work place address: _____

*Date of assessment: October 15, 2023

Work area(s): Customer Location

Job/Task(s): Handling Insulation

*Required for certifying the hazard assessment.

Use a separate sheet for each job/task or work area

EYES		
<p><u>Work activities, such as:</u></p> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> abrasive blasting</div> <div style="width: 50%;"><input type="checkbox"/> sanding</div> <div style="width: 50%;"><input type="checkbox"/> chopping</div> <div style="width: 50%;"><input type="checkbox"/> sawing</div> <div style="width: 50%;"><input type="checkbox"/> cutting</div> <div style="width: 50%;"><input type="checkbox"/> grinding</div> <div style="width: 50%;"><input type="checkbox"/> drilling</div> <div style="width: 50%;"><input type="checkbox"/> hammering</div> <div style="width: 50%;"><input type="checkbox"/> welding</div> <div style="width: 50%;"><input type="checkbox"/> punch press operations</div> <div style="width: 50%;"><input checked="" type="checkbox"/> other: Handling insulation</div> </div>	<p><u>Work-related exposure to:</u></p> <input checked="" type="checkbox"/> airborne dust <input type="checkbox"/> flying particles <input type="checkbox"/> blood splashes <input type="checkbox"/> hazardous liquid chemicals <input type="checkbox"/> intense light <input type="checkbox"/> other: _____	<p><u>Can hazard be eliminated without the use of PPE?</u> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p><u>If no, use:</u></p> <input checked="" type="checkbox"/> Safety glasses <input type="checkbox"/> Safety goggles <input type="checkbox"/> Shading/Filter (# _____) <input type="checkbox"/> Welding shield <input type="checkbox"/> Other: _____ <input checked="" type="checkbox"/> Side shields <input type="checkbox"/> Dust-tight goggles
FACE		
<p><u>Work activities, such as:</u></p> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> cleaning</div> <div style="width: 50%;"><input type="checkbox"/> foundry work</div> <div style="width: 50%;"><input type="checkbox"/> cooking</div> <div style="width: 50%;"><input type="checkbox"/> welding</div> <div style="width: 50%;"><input type="checkbox"/> siphoning</div> <div style="width: 50%;"><input type="checkbox"/> mixing</div> <div style="width: 50%;"><input type="checkbox"/> painting</div> <div style="width: 50%;"><input type="checkbox"/> pouring molten metal</div> <div style="width: 50%;"><input type="checkbox"/> dip tank operations</div> <div style="width: 50%;"><input type="checkbox"/> other _____</div> </div>	<p><u>Work-related exposure to:</u></p> <input type="checkbox"/> hazardous liquid chemicals <input type="checkbox"/> extreme heat/cold <input type="checkbox"/> potential irritants: _____ <input type="checkbox"/> other: _____	<p><u>Can hazard be eliminated without the use of PPE?</u> Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><u>If no, use:</u></p> <input type="checkbox"/> Face shield <input type="checkbox"/> Shading/Filter (# _____) <input type="checkbox"/> Welding shield <input type="checkbox"/> Other: _____
HEAD		
<p><u>Work activities, such as:</u></p> <input type="checkbox"/> building maintenance <input type="checkbox"/> confined space operations <input type="checkbox"/> construction <input type="checkbox"/> electrical wiring <input type="checkbox"/> walking/working under catwalks <input type="checkbox"/> walking/working under conveyor belts <input type="checkbox"/> walking/working under crane loads <input type="checkbox"/> utility work <input type="checkbox"/> other: _____	<p><u>Work-related exposure to:</u></p> <input type="checkbox"/> beams <input type="checkbox"/> pipes <input type="checkbox"/> exposed electrical wiring or components <input type="checkbox"/> falling objects <input type="checkbox"/> machine parts <input type="checkbox"/> other: _____	<p><u>Can hazard be eliminated without the use of PPE?</u> Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><u>If no, use:</u></p> <input type="checkbox"/> Protective Helmet <div style="margin-left: 20px;"> <input type="checkbox"/> Type A (low voltage) <input type="checkbox"/> Type B (high voltage) <input type="checkbox"/> Type C <input type="checkbox"/> Bump cap (not ANSI-approved) </div> <input type="checkbox"/> Hair net or soft cap <input type="checkbox"/> Other: _____

HANDS/ARMSWork activities, such as:

- baking material handling
 cooking sanding
 grinding sawing
 welding hammering
 working with glass
 using computers
 using knives
 dental and health care services
 other: Handling insulation

Work-related exposure to:

- blood
 irritating chemicals
 tools or materials that could scrape, bruise, or cut
 extreme heat/cold
 other: Irritating dust/fibers

Can hazard be eliminated without the use of PPE?Yes No If no, use:

- Gloves
 Chemical resistance
 Liquid/leak resistance
 Temperature resistance
 Abrasion/cut resistance
 Slip resistance
 Protective sleeves
 Other: Long-sleeve shirt

FEET/LEGSWork activities, such as:

- building maintenance
 construction
 demolition
 food processing
 foundry work
 logging
 plumbing
 trenching
 use of highly flammable materials
 welding
 other: Handling insulation

Work-related exposure to:

- explosive atmospheres
 explosives
 exposed electrical wiring or components
 heavy equipment
 slippery surfaces
 tools
 other: Irritating dust/fibers

Can hazard be eliminated without the use of PPE?Yes No If no, use:

- Safety shoes or boots
 Toe protection Metatarsal protection
 Electrical protection Heat/cold protection
 Puncture resistance Chemical resistance
 Anti-slip soles
 Leggings or chaps
 Foot-Leg guards
 Other: Long pants, shoes, and socks

BODY/SKINWork activities such as:

- baking or frying
 battery charging
 dip tank operations
 fiberglass installation
 irritating chemicals
 sawing
 other: _____

Work-related exposure to:

- chemical splashes
 extreme heat/cold
 sharp or rough edges
 other: _____

Can hazard be eliminated without the use of PPE?Yes No If no, use:

- Vest, Jacket
 Coveralls, Body suit
 Raingear
 Apron
 Welding leathers
 Abrasion/cut resistance
 Other: _____

BODY/WHOLE ¹Work activities such as:

- building maintenance
- construction
- logging
- utility work
- other: _____

Work-related exposure to:

- working from heights of 10 feet or more
- working near water
- other: _____

Can hazard be eliminated without the use of PPE?Yes No If no, use:

- Fall Arrest/Restraint: Type: _____
- PFD: Type: _____
- Other: _____

LUNGS/RESPIRATORY ¹Work activities such as:

- cleaning
 - mixing
 - painting
 - fiberglass installation
 - compressed air or gas operations
 - other: Handling insulation
- pouring
 - sawing

Work-related exposure to:

- irritating dust or particulate
- irritating or toxic gas/vapor
- other: _____

Can hazard be eliminated without the use of PPE?Yes No **EARS/HEARING ¹**Work activities such as:

- generator
 - ventilation fans
 - motors
 - sanding
 - pneumatic equipment
 - punch or brake presses
 - use of conveyors
 - other: _____
- grinding
 - machining
 - routers
 - sawing

Work-related exposure to:

- loud noises
- loud work environment
- noisy machines/tools
- punch or brake presses
- other: _____

Can hazard be eliminated without the use of PPE?Yes No

PPE Hazard Assessment Certification Form

*Name of work place: EcoShield

*Assessment conducted by: _____

*Work place address: _____

*Date of assessment: October 15, 2023

Work area(s): Customer Location

Job/Task(s): Prepare and apply Niban Granular Bait

*Required for certifying the hazard assessment.

Use a separate sheet for each job/task or work area

EYES		
<p><u>Work activities, such as:</u></p> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> abrasive blasting</div> <div style="width: 50%;"><input type="checkbox"/> sanding</div> <div style="width: 50%;"><input type="checkbox"/> chopping</div> <div style="width: 50%;"><input type="checkbox"/> sawing</div> <div style="width: 50%;"><input type="checkbox"/> cutting</div> <div style="width: 50%;"><input type="checkbox"/> grinding</div> <div style="width: 50%;"><input type="checkbox"/> drilling</div> <div style="width: 50%;"><input type="checkbox"/> hammering</div> <div style="width: 50%;"><input type="checkbox"/> welding</div> <div style="width: 50%;"><input type="checkbox"/> punch press operations</div> <div style="width: 50%;"><input checked="" type="checkbox"/> other: Applying product</div> </div>	<p><u>Work-related exposure to:</u></p> <input checked="" type="checkbox"/> airborne dust <input type="checkbox"/> flying particles <input type="checkbox"/> blood splashes <input type="checkbox"/> hazardous liquid chemicals <input type="checkbox"/> intense light <input type="checkbox"/> other: _____	<p><u>Can hazard be eliminated without the use of PPE?</u> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p><u>If no, use:</u></p> <input checked="" type="checkbox"/> Safety glasses <input type="checkbox"/> Safety goggles <input type="checkbox"/> Shading/Filter (#_____) <input type="checkbox"/> Welding shield <input type="checkbox"/> Other: _____ <input checked="" type="checkbox"/> Side shields <input type="checkbox"/> Dust-tight goggles
FACE		
<p><u>Work activities, such as:</u></p> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> cleaning</div> <div style="width: 50%;"><input type="checkbox"/> foundry work</div> <div style="width: 50%;"><input type="checkbox"/> cooking</div> <div style="width: 50%;"><input type="checkbox"/> welding</div> <div style="width: 50%;"><input type="checkbox"/> siphoning</div> <div style="width: 50%;"><input type="checkbox"/> mixing</div> <div style="width: 50%;"><input type="checkbox"/> painting</div> <div style="width: 50%;"><input type="checkbox"/> pouring molten metal</div> <div style="width: 50%;"><input type="checkbox"/> dip tank operations</div> <div style="width: 50%;"><input type="checkbox"/> other _____</div> </div>	<p><u>Work-related exposure to:</u></p> <input type="checkbox"/> hazardous liquid chemicals <input type="checkbox"/> extreme heat/cold <input type="checkbox"/> potential irritants: _____ <input type="checkbox"/> other: _____	<p><u>Can hazard be eliminated without the use of PPE?</u> Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><u>If no, use:</u></p> <input type="checkbox"/> Face shield <input type="checkbox"/> Shading/Filter (#_____) <input type="checkbox"/> Welding shield <input type="checkbox"/> Other: _____
HEAD		
<p><u>Work activities, such as:</u></p> <input type="checkbox"/> building maintenance <input type="checkbox"/> confined space operations <input type="checkbox"/> construction <input type="checkbox"/> electrical wiring <input type="checkbox"/> walking/working under catwalks <input type="checkbox"/> walking/working under conveyor belts <input type="checkbox"/> walking/working under crane loads <input type="checkbox"/> utility work <input type="checkbox"/> other: _____	<p><u>Work-related exposure to:</u></p> <input type="checkbox"/> beams <input type="checkbox"/> pipes <input type="checkbox"/> exposed electrical wiring or components <input type="checkbox"/> falling objects <input type="checkbox"/> machine parts <input type="checkbox"/> other: _____	<p><u>Can hazard be eliminated without the use of PPE?</u> Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><u>If no, use:</u></p> <input type="checkbox"/> Protective Helmet <div style="margin-left: 20px;"> <input type="checkbox"/> Type A (low voltage) <input type="checkbox"/> Type B (high voltage) <input type="checkbox"/> Type C <input type="checkbox"/> Bump cap (not ANSI-approved) </div> <input type="checkbox"/> Hair net or soft cap <input type="checkbox"/> Other: _____

HANDS/ARMSWork activities, such as:

- baking material handling
 cooking sanding
 grinding sawing
 welding hammering
 working with glass
 using computers
 using knives
 dental and health care services
 other: Applying product

Work-related exposure to:

- blood
 irritating chemicals
 tools or materials that could scrape, bruise, or cut
 extreme heat/cold
 other: _____

Can hazard be eliminated without the use of PPE?Yes No If no, use:

- Gloves
 Chemical resistance
 Liquid/leak resistance
 Temperature resistance
 Abrasion/cut resistance
 Slip resistance
 Protective sleeves
 Other: Long-sleeve shirt

FEET/LEGSWork activities, such as:

- building maintenance
 construction
 demolition
 food processing
 foundry work
 logging
 plumbing
 trenching
 use of highly flammable materials
 welding
 other: Applying product

Work-related exposure to:

- explosive atmospheres
 explosives
 exposed electrical wiring or components
 heavy equipment
 slippery surfaces
 tools
 other: irritating chemicals

Can hazard be eliminated without the use of PPE?Yes No If no, use:

- Safety shoes or boots
 Toe protection Metatarsal protection
 Electrical protection Heat/cold protection
 Puncture resistance Chemical resistance
 Anti-slip soles
 Leggings or chaps
 Foot-Leg guards
 Other: Long pants, shoes, and socks

BODY/SKINWork activities such as:

- baking or frying
 battery charging
 dip tank operations
 fiberglass installation
 irritating chemicals
 sawing
 other: _____

Work-related exposure to:

- chemical splashes
 extreme heat/cold
 sharp or rough edges
 other: _____

Can hazard be eliminated without the use of PPE?Yes No If no, use:

- Vest, Jacket
 Coveralls, Body suit
 Raingear
 Apron
 Welding leathers
 Abrasion/cut resistance
 Other: _____

BODY/WHOLE ¹Work activities such as:

- building maintenance
 construction
 logging
 utility work
 other: _____

Work-related exposure to:

- working from heights of 10 feet or more
 working near water
 other: _____

Can hazard be eliminated without the use of PPE?Yes No If no, use:

- Fall Arrest/Restraint: Type: _____
 PFD: Type: _____
 Other: _____

LUNGS/RESPIRATORY ¹Work activities such as:

- cleaning
 mixing
 painting
 fiberglass installation
 compressed air or gas operations
 other: Applying product in unventilated area
- pouring
 sawing

Work-related exposure to:

- irritating dust or particulate
 irritating or toxic gas/vapor
 other: _____

Can hazard be eliminated without the use of PPE?Yes No **EARS/HEARING ¹**Work activities such as:

- generator
 ventilation fans
 motors
 sanding
 pneumatic equipment
 punch or brake presses
 use of conveyors
 other: _____
- grinding
 machining
 routers
 sawing

Work-related exposure to:

- loud noises
 loud work environment
 noisy machines/tools
 punch or brake presses
 other: _____

Can hazard be eliminated without the use of PPE?Yes No

PPE Hazard Assessment Certification Form

*Name of work place: EcoShield

*Assessment conducted by: _____

*Work place address: _____

*Date of assessment: October 15, 2023

Work area(s): Customer Location

Job/Task(s): Prepare and apply Onslaught

*Required for certifying the hazard assessment.

Use a separate sheet for each job/task or work area

EYES		
<p><u>Work activities, such as:</u></p> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> abrasive blasting</div> <div style="width: 50%;"><input type="checkbox"/> sanding</div> <div style="width: 50%;"><input type="checkbox"/> chopping</div> <div style="width: 50%;"><input type="checkbox"/> sawing</div> <div style="width: 50%;"><input type="checkbox"/> cutting</div> <div style="width: 50%;"><input type="checkbox"/> grinding</div> <div style="width: 50%;"><input type="checkbox"/> drilling</div> <div style="width: 50%;"><input type="checkbox"/> hammering</div> <div style="width: 50%;"><input type="checkbox"/> welding</div> <div style="width: 50%;"><input type="checkbox"/> punch press operations</div> <div style="width: 50%;"><input checked="" type="checkbox"/> other: <u>Spraying</u></div> </div>	<p><u>Work-related exposure to:</u></p> <input type="checkbox"/> airborne dust <input type="checkbox"/> flying particles <input type="checkbox"/> blood splashes <input checked="" type="checkbox"/> hazardous liquid chemicals <input type="checkbox"/> intense light <input type="checkbox"/> other: _____	<p><u>Can hazard be eliminated without the use of PPE?</u> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p><u>If no, use:</u></p> <input checked="" type="checkbox"/> Safety glasses <input type="checkbox"/> Safety goggles <input type="checkbox"/> Shading/Filter (#_____) <input type="checkbox"/> Welding shield <input type="checkbox"/> Other: _____
FACE		
<p><u>Work activities, such as:</u></p> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> cleaning</div> <div style="width: 50%;"><input type="checkbox"/> foundry work</div> <div style="width: 50%;"><input type="checkbox"/> cooking</div> <div style="width: 50%;"><input type="checkbox"/> welding</div> <div style="width: 50%;"><input type="checkbox"/> siphoning</div> <div style="width: 50%;"><input type="checkbox"/> mixing</div> <div style="width: 50%;"><input type="checkbox"/> painting</div> <div style="width: 50%;"><input type="checkbox"/> pouring molten metal</div> <div style="width: 50%;"><input type="checkbox"/> dip tank operations</div> <div style="width: 50%;"><input type="checkbox"/> other _____</div> </div>	<p><u>Work-related exposure to:</u></p> <input type="checkbox"/> hazardous liquid chemicals <input type="checkbox"/> extreme heat/cold <input type="checkbox"/> potential irritants: _____ <input type="checkbox"/> other: _____	<p><u>Can hazard be eliminated without the use of PPE?</u> Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><u>If no, use:</u></p> <input type="checkbox"/> Face shield <input type="checkbox"/> Shading/Filter (#_____) <input type="checkbox"/> Welding shield <input type="checkbox"/> Other: _____
HEAD		
<p><u>Work activities, such as:</u></p> <input type="checkbox"/> building maintenance <input type="checkbox"/> confined space operations <input type="checkbox"/> construction <input type="checkbox"/> electrical wiring <input type="checkbox"/> walking/working under catwalks <input type="checkbox"/> walking/working under conveyor belts <input type="checkbox"/> walking/working under crane loads <input type="checkbox"/> utility work <input type="checkbox"/> other: _____	<p><u>Work-related exposure to:</u></p> <input type="checkbox"/> beams <input type="checkbox"/> pipes <input type="checkbox"/> exposed electrical wiring or components <input type="checkbox"/> falling objects <input type="checkbox"/> machine parts <input type="checkbox"/> other: _____	<p><u>Can hazard be eliminated without the use of PPE?</u> Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><u>If no, use:</u></p> <input type="checkbox"/> Protective Helmet <div style="margin-left: 20px;"> <input type="checkbox"/> Type A (low voltage) <input type="checkbox"/> Type B (high voltage) <input type="checkbox"/> Type C <input type="checkbox"/> Bump cap (not ANSI-approved) </div> <input type="checkbox"/> Hair net or soft cap <input type="checkbox"/> Other: _____

HANDS/ARMSWork activities, such as:

- baking material handling
 cooking sanding
 grinding sawing
 welding hammering
 working with glass
 using computers
 using knives
 dental and health care services
 other: Spraying

Work-related exposure to:

- blood
 irritating chemicals
 tools or materials that could scrape, bruise, or cut
 extreme heat/cold
 other: _____

Can hazard be eliminated without the use of PPE?Yes No If no, use:

- Gloves
 Chemical resistance
 Liquid/leak resistance
 Temperature resistance
 Abrasion/cut resistance
 Slip resistance
 Protective sleeves
 Other: _____

FEET/LEGSWork activities, such as:

- building maintenance
 construction
 demolition
 food processing
 foundry work
 logging
 plumbing
 trenching
 use of highly flammable materials
 welding
 other: _____

Work-related exposure to:

- explosive atmospheres
 explosives
 exposed electrical wiring or components
 heavy equipment
 slippery surfaces
 tools
 other: _____

Can hazard be eliminated without the use of PPE?Yes No If no, use:

- Safety shoes or boots
 Toe protection Metatarsal protection
 Electrical protection Heat/cold protection
 Puncture resistance Chemical resistance
 Anti-slip soles
 Leggings or chaps
 Foot-Leg guards
 Other: _____

BODY/SKINWork activities such as:

- baking or frying
 battery charging
 dip tank operations
 fiberglass installation
 irritating chemicals
 sawing
 other: _____

Work-related exposure to:

- chemical splashes
 extreme heat/cold
 sharp or rough edges
 other: _____

Can hazard be eliminated without the use of PPE?Yes No If no, use:

- Vest, Jacket
 Coveralls, Body suit
 Raingear
 Apron
 Welding leathers
 Abrasion/cut resistance
 Other: _____

BODY/WHOLE ¹Work activities such as:

- building maintenance
- construction
- logging
- utility work
- other: _____

Work-related exposure to:

- working from heights of 10 feet or more
- working near water
- other: _____

Can hazard be eliminated without the use of PPE?Yes No If no, use:

- Fall Arrest/Restraint: Type: _____
- PFD: Type: _____
- Other: _____

LUNGS/RESPIRATORY ¹Work activities such as:

- cleaning
 - mixing
 - painting
 - fiberglass installation
 - compressed air or gas operations
 - other: Spraying in unventilated areas
- pouring
 - sawing

Work-related exposure to:

- irritating dust or particulate
- irritating or toxic gas/vapor
- other: _____

Can hazard be eliminated without the use of PPE?Yes No **EARS/HEARING ¹**Work activities such as:

- generator
 - ventilation fans
 - motors
 - sanding
 - pneumatic equipment
 - punch or brake presses
 - use of conveyors
 - other: _____
- grinding
 - machining
 - routers
 - sawing

Work-related exposure to:

- loud noises
- loud work environment
- noisy machines/tools
- punch or brake presses
- other: _____

Can hazard be eliminated without the use of PPE?Yes No

PPE Hazard Assessment Certification Form

*Name of work place: EcoShield

*Assessment conducted by: _____

*Work place address: _____

*Date of assessment: October 15, 2023

Work area(s): Customer Location

Job/Task(s): Prepare and apply Optigard Ant Gel Bait

*Required for certifying the hazard assessment.

Use a separate sheet for each job/task or work area

EYES		
<p><u>Work activities, such as:</u></p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> abrasive blasting <input type="checkbox"/> chopping <input type="checkbox"/> cutting <input type="checkbox"/> drilling <input type="checkbox"/> welding <input type="checkbox"/> punch press operations <input type="checkbox"/> other: _____ </div> <div style="width: 45%;"> <input type="checkbox"/> sanding <input type="checkbox"/> sawing <input type="checkbox"/> grinding <input type="checkbox"/> hammering </div> </div>	<p><u>Work-related exposure to:</u></p> <input type="checkbox"/> airborne dust <input type="checkbox"/> flying particles <input type="checkbox"/> blood splashes <input type="checkbox"/> hazardous liquid chemicals <input type="checkbox"/> intense light <input type="checkbox"/> other: _____	<p><u>Can hazard be eliminated without the use of PPE?</u> Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><u>If no, use:</u></p> <div style="display: flex; justify-content: space-between;"> <div style="width: 70%;"> <input type="checkbox"/> Safety glasses <input type="checkbox"/> Safety goggles <input type="checkbox"/> Shading/Filter (#_____) <input type="checkbox"/> Welding shield <input type="checkbox"/> Other: _____ </div> <div style="width: 25%;"> <input type="checkbox"/> Side shields <input type="checkbox"/> Dust-tight goggles </div> </div>
FACE		
<p><u>Work activities, such as:</u></p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> cleaning <input type="checkbox"/> cooking <input type="checkbox"/> siphoning <input type="checkbox"/> painting <input type="checkbox"/> dip tank operations <input type="checkbox"/> other _____ </div> <div style="width: 45%;"> <input type="checkbox"/> foundry work <input type="checkbox"/> welding <input type="checkbox"/> mixing <input type="checkbox"/> pouring molten metal </div> </div>	<p><u>Work-related exposure to:</u></p> <input type="checkbox"/> hazardous liquid chemicals <input type="checkbox"/> extreme heat/cold <input type="checkbox"/> potential irritants: _____ <input type="checkbox"/> other: _____	<p><u>Can hazard be eliminated without the use of PPE?</u> Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><u>If no, use:</u></p> <input type="checkbox"/> Face shield <input type="checkbox"/> Shading/Filter (#_____) <input type="checkbox"/> Welding shield <input type="checkbox"/> Other: _____
HEAD		
<p><u>Work activities, such as:</u></p> <input type="checkbox"/> building maintenance <input type="checkbox"/> confined space operations <input type="checkbox"/> construction <input type="checkbox"/> electrical wiring <input type="checkbox"/> walking/working under catwalks <input type="checkbox"/> walking/working under conveyor belts <input type="checkbox"/> walking/working under crane loads <input type="checkbox"/> utility work <input type="checkbox"/> other: _____	<p><u>Work-related exposure to:</u></p> <input type="checkbox"/> beams <input type="checkbox"/> pipes <input type="checkbox"/> exposed electrical wiring or components <input type="checkbox"/> falling objects <input type="checkbox"/> machine parts <input type="checkbox"/> other: _____	<p><u>Can hazard be eliminated without the use of PPE?</u> Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><u>If no, use:</u></p> <input type="checkbox"/> Protective Helmet <div style="margin-left: 20px;"> <input type="checkbox"/> Type A (low voltage) <input type="checkbox"/> Type B (high voltage) <input type="checkbox"/> Type C <input type="checkbox"/> Bump cap (not ANSI-approved) </div> <input type="checkbox"/> Hair net or soft cap <input type="checkbox"/> Other: _____

HANDS/ARMSWork activities, such as:

- | | |
|--|--|
| <input type="checkbox"/> baking | <input type="checkbox"/> material handling |
| <input type="checkbox"/> cooking | <input type="checkbox"/> sanding |
| <input type="checkbox"/> grinding | <input type="checkbox"/> sawing |
| <input type="checkbox"/> welding | <input type="checkbox"/> hammering |
| <input type="checkbox"/> working with glass | |
| <input type="checkbox"/> using computers | |
| <input type="checkbox"/> using knives | |
| <input type="checkbox"/> dental and health care services | |
| <input type="checkbox"/> other: _____ | |

Work-related exposure to:

- blood
- irritating chemicals
- tools or materials that could scrape, bruise, or cut
- extreme heat/cold
- other: _____

Can hazard be eliminated without the use of PPE?Yes No If no, use:

- Gloves
- Chemical resistance
- Liquid/leak resistance
- Temperature resistance
- Abrasion/cut resistance
- Slip resistance
- Protective sleeves
- Other: _____

FEET/LEGSWork activities, such as:

- building maintenance
- construction
- demolition
- food processing
- foundry work
- logging
- plumbing
- trenching
- use of highly flammable materials
- welding
- other: _____

Work-related exposure to:

- explosive atmospheres
- explosives
- exposed electrical wiring or components
- heavy equipment
- slippery surfaces
- tools
- other: _____

Can hazard be eliminated without the use of PPE?Yes No If no, use:

- | | |
|--|--|
| <input type="checkbox"/> Safety shoes or boots | <input type="checkbox"/> Metatarsal protection |
| <input type="checkbox"/> Toe protection | <input type="checkbox"/> Heat/cold protection |
| <input type="checkbox"/> Electrical protection | <input type="checkbox"/> Chemical resistance |
| <input type="checkbox"/> Puncture resistance | |
| <input type="checkbox"/> Anti-slip soles | |
| <input type="checkbox"/> Leggings or chaps | |
| <input type="checkbox"/> Foot-Leg guards | |
| <input type="checkbox"/> Other: _____ | |

BODY/SKINWork activities such as:

- baking or frying
- battery charging
- dip tank operations
- fiberglass installation
- irritating chemicals
- sawing
- other: _____

Work-related exposure to:

- chemical splashes
- extreme heat/cold
- sharp or rough edges
- other: _____

Can hazard be eliminated without the use of PPE?Yes No If no, use:

- Vest, Jacket
- Coveralls, Body suit
- Raingear
- Apron
- Welding leathers
- Abrasion/cut resistance
- Other: _____

BODY/WHOLE ¹Work activities such as:

- building maintenance
- construction
- logging
- utility work
- other: _____

Work-related exposure to:

- working from heights of 10 feet or more
- working near water
- other: _____

Can hazard be eliminated without the use of PPE?Yes No If no, use:

- Fall Arrest/Restraint: Type: _____
- PFD: Type: _____
- Other: _____

LUNGS/RESPIRATORY ¹Work activities such as:

- cleaning
- mixing
- painting
- fiberglass installation
- compressed air or gas operations
- other: _____
- pouring
- sawing

Work-related exposure to:

- irritating dust or particulate
- irritating or toxic gas/vapor
- other: _____

Can hazard be eliminated without the use of PPE?Yes No **EARS/HEARING ¹**Work activities such as:

- generator
- ventilation fans
- motors
- sanding
- pneumatic equipment
- punch or brake presses
- use of conveyors
- other: _____
- grinding
- machining
- routers
- sawing

Work-related exposure to:

- loud noises
- loud work environment
- noisy machines/tools
- punch or brake presses
- other: _____

Can hazard be eliminated without the use of PPE?Yes No

PPE Hazard Assessment Certification Form

*Name of work place: EcoShield

*Assessment conducted by: _____

*Work place address: _____

*Date of assessment: October 15, 2023

Work area(s): Customer Location

Job/Task(s): Prepare and apply PT 565

*Required for certifying the hazard assessment.

Use a separate sheet for each job/task or work area

EYES		
<p><u>Work activities, such as:</u></p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> abrasive blasting <input type="checkbox"/> chopping <input type="checkbox"/> cutting <input type="checkbox"/> drilling <input type="checkbox"/> welding <input type="checkbox"/> punch press operations <input type="checkbox"/> other: _____ </div> <div style="width: 45%;"> <input type="checkbox"/> sanding <input type="checkbox"/> sawing <input type="checkbox"/> grinding <input type="checkbox"/> hammering </div> </div>	<p><u>Work-related exposure to:</u></p> <input type="checkbox"/> airborne dust <input type="checkbox"/> flying particles <input type="checkbox"/> blood splashes <input type="checkbox"/> hazardous liquid chemicals <input type="checkbox"/> intense light <input type="checkbox"/> other: _____	<p><u>Can hazard be eliminated without the use of PPE?</u> Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><u>If no, use:</u></p> <div style="display: flex; justify-content: space-between;"> <div style="width: 70%;"> <input type="checkbox"/> Safety glasses <input type="checkbox"/> Safety goggles <input type="checkbox"/> Shading/Filter (#_____) <input type="checkbox"/> Welding shield <input type="checkbox"/> Other: _____ </div> <div style="width: 25%;"> <input type="checkbox"/> Side shields <input type="checkbox"/> Dust-tight goggles </div> </div>
FACE		
<p><u>Work activities, such as:</u></p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> cleaning <input type="checkbox"/> cooking <input type="checkbox"/> siphoning <input type="checkbox"/> painting <input type="checkbox"/> dip tank operations <input type="checkbox"/> other _____ </div> <div style="width: 45%;"> <input type="checkbox"/> foundry work <input type="checkbox"/> welding <input type="checkbox"/> mixing <input type="checkbox"/> pouring molten metal </div> </div>	<p><u>Work-related exposure to:</u></p> <input type="checkbox"/> hazardous liquid chemicals <input type="checkbox"/> extreme heat/cold <input type="checkbox"/> potential irritants: _____ <input type="checkbox"/> other: _____	<p><u>Can hazard be eliminated without the use of PPE?</u> Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><u>If no, use:</u></p> <input type="checkbox"/> Face shield <input type="checkbox"/> Shading/Filter (#_____) <input type="checkbox"/> Welding shield <input type="checkbox"/> Other: _____
HEAD		
<p><u>Work activities, such as:</u></p> <input type="checkbox"/> building maintenance <input type="checkbox"/> confined space operations <input type="checkbox"/> construction <input type="checkbox"/> electrical wiring <input type="checkbox"/> walking/working under catwalks <input type="checkbox"/> walking/working under conveyor belts <input type="checkbox"/> walking/working under crane loads <input type="checkbox"/> utility work <input type="checkbox"/> other: _____	<p><u>Work-related exposure to:</u></p> <input type="checkbox"/> beams <input type="checkbox"/> pipes <input type="checkbox"/> exposed electrical wiring or components <input type="checkbox"/> falling objects <input type="checkbox"/> machine parts <input type="checkbox"/> other: _____	<p><u>Can hazard be eliminated without the use of PPE?</u> Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><u>If no, use:</u></p> <input type="checkbox"/> Protective Helmet <div style="margin-left: 20px;"> <input type="checkbox"/> Type A (low voltage) <input type="checkbox"/> Type B (high voltage) <input type="checkbox"/> Type C <input type="checkbox"/> Bump cap (not ANSI-approved) </div> <input type="checkbox"/> Hair net or soft cap <input type="checkbox"/> Other: _____

HANDS/ARMSWork activities, such as:

- | | |
|--|--|
| <input type="checkbox"/> baking | <input type="checkbox"/> material handling |
| <input type="checkbox"/> cooking | <input type="checkbox"/> sanding |
| <input type="checkbox"/> grinding | <input type="checkbox"/> sawing |
| <input type="checkbox"/> welding | <input type="checkbox"/> hammering |
| <input type="checkbox"/> working with glass | |
| <input type="checkbox"/> using computers | |
| <input type="checkbox"/> using knives | |
| <input type="checkbox"/> dental and health care services | |
| <input checked="" type="checkbox"/> other: <u>Applying product</u> | |

Work-related exposure to:

- blood
 irritating chemicals
 tools or materials that could scrape, bruise, or cut
 extreme heat/cold
 other: _____

Can hazard be eliminated without the use of PPE?Yes No If no, use:

- Gloves
 Chemical resistance
 Liquid/leak resistance
 Temperature resistance
 Abrasion/cut resistance
 Slip resistance
 Protective sleeves
 Other: Long-sleeve shirt

FEET/LEGSWork activities, such as:

- building maintenance
 construction
 demolition
 food processing
 foundry work
 logging
 plumbing
 trenching
 use of highly flammable materials
 welding
 other: Applying product

Work-related exposure to:

- explosive atmospheres
 explosives
 exposed electrical wiring or components
 heavy equipment
 slippery surfaces
 tools
 other: irritating chemicals

Can hazard be eliminated without the use of PPE?Yes No If no, use:

- | | |
|--|--|
| <input type="checkbox"/> Safety shoes or boots | <input type="checkbox"/> Metatarsal protection |
| <input type="checkbox"/> Toe protection | <input type="checkbox"/> Heat/cold protection |
| <input type="checkbox"/> Electrical protection | <input type="checkbox"/> Chemical resistance |
| <input type="checkbox"/> Puncture resistance | |
| <input type="checkbox"/> Anti-slip soles | |
| <input type="checkbox"/> Leggings or chaps | |
| <input type="checkbox"/> Foot-Leg guards | |
| <input checked="" type="checkbox"/> Other: <u>Long pants, shoes, and socks</u> | |

BODY/SKINWork activities such as:

- baking or frying
 battery charging
 dip tank operations
 fiberglass installation
 irritating chemicals
 sawing
 other: _____

Work-related exposure to:

- chemical splashes
 extreme heat/cold
 sharp or rough edges
 other: _____

Can hazard be eliminated without the use of PPE?Yes No If no, use:

- Vest, Jacket
 Coveralls, Body suit
 Raingear
 Apron
 Welding leathers
 Abrasion/cut resistance
 Other: _____

BODY/WHOLE ¹Work activities such as:

- building maintenance
- construction
- logging
- utility work
- other: _____

Work-related exposure to:

- working from heights of 10 feet or more
- working near water
- other: _____

Can hazard be eliminated without the use of PPE?Yes No If no, use:

- Fall Arrest/Restraint: Type: _____
- PFD: Type: _____
- Other: _____

LUNGS/RESPIRATORY ¹Work activities such as:

- cleaning
 - mixing
 - painting
 - fiberglass installation
 - compressed air or gas operations
 - other: Applying product in unventilated area
- pouring
 - sawing

Work-related exposure to:

- irritating dust or particulate
- irritating or toxic gas/vapor
- other: _____

Can hazard be eliminated without the use of PPE?Yes No **EARS/HEARING ¹**Work activities such as:

- generator
 - ventilation fans
 - motors
 - sanding
 - pneumatic equipment
 - punch or brake presses
 - use of conveyors
 - other: _____
- grinding
 - machining
 - routers
 - sawing

Work-related exposure to:

- loud noises
- loud work environment
- noisy machines/tools
- punch or brake presses
- other: _____

Can hazard be eliminated without the use of PPE?Yes No

PPE Hazard Assessment Certification Form

*Name of work place: EcoShield

*Assessment conducted by: _____

*Work place address: _____

*Date of assessment: October 15, 2023

Work area(s): Customer Location

Job/Task(s): Prepare and apply PT Phantom

*Required for certifying the hazard assessment.

Use a separate sheet for each job/task or work area

EYES		
<p><u>Work activities, such as:</u></p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> abrasive blasting <input type="checkbox"/> chopping <input type="checkbox"/> cutting <input type="checkbox"/> drilling <input type="checkbox"/> welding <input type="checkbox"/> punch press operations <input type="checkbox"/> other: _____ </div> <div style="width: 45%;"> <input type="checkbox"/> sanding <input type="checkbox"/> sawing <input type="checkbox"/> grinding <input type="checkbox"/> hammering </div> </div>	<p><u>Work-related exposure to:</u></p> <input type="checkbox"/> airborne dust <input type="checkbox"/> flying particles <input type="checkbox"/> blood splashes <input type="checkbox"/> hazardous liquid chemicals <input type="checkbox"/> intense light <input type="checkbox"/> other: _____	<p><u>Can hazard be eliminated without the use of PPE?</u> Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><u>If no, use:</u></p> <div style="display: flex; justify-content: space-between;"> <div style="width: 70%;"> <input type="checkbox"/> Safety glasses <input type="checkbox"/> Safety goggles <input type="checkbox"/> Shading/Filter (# _____) <input type="checkbox"/> Welding shield <input type="checkbox"/> Other: _____ </div> <div style="width: 25%;"> <input type="checkbox"/> Side shields <input type="checkbox"/> Dust-tight goggles </div> </div>
FACE		
<p><u>Work activities, such as:</u></p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> cleaning <input type="checkbox"/> cooking <input type="checkbox"/> siphoning <input type="checkbox"/> painting <input type="checkbox"/> dip tank operations <input type="checkbox"/> other _____ </div> <div style="width: 45%;"> <input type="checkbox"/> foundry work <input type="checkbox"/> welding <input type="checkbox"/> mixing <input type="checkbox"/> pouring molten metal </div> </div>	<p><u>Work-related exposure to:</u></p> <input type="checkbox"/> hazardous liquid chemicals <input type="checkbox"/> extreme heat/cold <input type="checkbox"/> potential irritants: _____ <input type="checkbox"/> other: _____	<p><u>Can hazard be eliminated without the use of PPE?</u> Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><u>If no, use:</u></p> <input type="checkbox"/> Face shield <input type="checkbox"/> Shading/Filter (# _____) <input type="checkbox"/> Welding shield <input type="checkbox"/> Other: _____
HEAD		
<p><u>Work activities, such as:</u></p> <input type="checkbox"/> building maintenance <input type="checkbox"/> confined space operations <input type="checkbox"/> construction <input type="checkbox"/> electrical wiring <input type="checkbox"/> walking/working under catwalks <input type="checkbox"/> walking/working under conveyor belts <input type="checkbox"/> walking/working under crane loads <input type="checkbox"/> utility work <input type="checkbox"/> other: _____	<p><u>Work-related exposure to:</u></p> <input type="checkbox"/> beams <input type="checkbox"/> pipes <input type="checkbox"/> exposed electrical wiring or components <input type="checkbox"/> falling objects <input type="checkbox"/> machine parts <input type="checkbox"/> other: _____	<p><u>Can hazard be eliminated without the use of PPE?</u> Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><u>If no, use:</u></p> <input type="checkbox"/> Protective Helmet <div style="margin-left: 20px;"> <input type="checkbox"/> Type A (low voltage) <input type="checkbox"/> Type B (high voltage) <input type="checkbox"/> Type C <input type="checkbox"/> Bump cap (not ANSI-approved) </div> <input type="checkbox"/> Hair net or soft cap <input type="checkbox"/> Other: _____

HANDS/ARMSWork activities, such as:

- baking material handling
 cooking sanding
 grinding sawing
 welding hammering
 working with glass
 using computers
 using knives
 dental and health care services
 other: Applying product

Work-related exposure to:

- blood
 irritating chemicals
 tools or materials that could scrape, bruise, or cut
 extreme heat/cold
 other: _____

Can hazard be eliminated without the use of PPE?Yes No If no, use:

- Gloves
 Chemical resistance
 Liquid/leak resistance
 Temperature resistance
 Abrasion/cut resistance
 Slip resistance
 Protective sleeves
 Other: Long-sleeve shirt

FEET/LEGSWork activities, such as:

- building maintenance
 construction
 demolition
 food processing
 foundry work
 logging
 plumbing
 trenching
 use of highly flammable materials
 welding
 other: Applying product

Work-related exposure to:

- explosive atmospheres
 explosives
 exposed electrical wiring or components
 heavy equipment
 slippery surfaces
 tools
 other: irritating chemicals

Can hazard be eliminated without the use of PPE?Yes No If no, use:

- Safety shoes or boots
 Toe protection Metatarsal protection
 Electrical protection Heat/cold protection
 Puncture resistance Chemical resistance
 Anti-slip soles
 Leggings or chaps
 Foot-Leg guards
 Other: Long pants, shoes, and socks

BODY/SKINWork activities such as:

- baking or frying
 battery charging
 dip tank operations
 fiberglass installation
 irritating chemicals
 sawing
 other: _____

Work-related exposure to:

- chemical splashes
 extreme heat/cold
 sharp or rough edges
 other: _____

Can hazard be eliminated without the use of PPE?Yes No If no, use:

- Vest, Jacket
 Coveralls, Body suit
 Raingear
 Apron
 Welding leathers
 Abrasion/cut resistance
 Other: _____

BODY/WHOLE ¹Work activities such as:

- building maintenance
- construction
- logging
- utility work
- other: _____

Work-related exposure to:

- working from heights of 10 feet or more
- working near water
- other: _____

Can hazard be eliminated without the use of PPE?Yes No If no, use:

- Fall Arrest/Restraint: Type: _____
- PFD: Type: _____
- Other: _____

LUNGS/RESPIRATORY ¹Work activities such as:

- cleaning
 - mixing
 - painting
 - fiberglass installation
 - compressed air or gas operations
 - other: Applying product in unventilated area
- pouring
 - sawing

Work-related exposure to:

- irritating dust or particulate
- irritating or toxic gas/vapor
- other: _____

Can hazard be eliminated without the use of PPE?Yes No **EARS/HEARING ¹**Work activities such as:

- generator
 - ventilation fans
 - motors
 - sanding
 - pneumatic equipment
 - punch or brake presses
 - use of conveyors
 - other: _____
- grinding
 - machining
 - routers
 - sawing

Work-related exposure to:

- loud noises
- loud work environment
- noisy machines/tools
- punch or brake presses
- other: _____

Can hazard be eliminated without the use of PPE?Yes No

PPE Hazard Assessment Certification Form

*Name of work place: EcoShield

*Assessment conducted by: _____

*Work place address: _____

*Date of assessment: October 15, 2023

Work area(s): Customer Location

Job/Task(s): Disposing of rodents

*Required for certifying the hazard assessment.

Use a separate sheet for each job/task or work area

EYES		
<p><u>Work activities, such as:</u></p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> abrasive blasting <input type="checkbox"/> chopping <input type="checkbox"/> cutting <input type="checkbox"/> drilling <input type="checkbox"/> welding <input type="checkbox"/> punch press operations <input type="checkbox"/> other: _____ </div> <div style="width: 45%;"> <input type="checkbox"/> sanding <input type="checkbox"/> sawing <input type="checkbox"/> grinding <input type="checkbox"/> hammering </div> </div>	<p><u>Work-related exposure to:</u></p> <input type="checkbox"/> airborne dust <input type="checkbox"/> flying particles <input type="checkbox"/> blood splashes <input type="checkbox"/> hazardous liquid chemicals <input type="checkbox"/> intense light <input type="checkbox"/> other: _____	<p><u>Can hazard be eliminated without the use of PPE?</u> Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><u>If no, use:</u></p> <div style="display: flex; justify-content: space-between;"> <div style="width: 70%;"> <input type="checkbox"/> Safety glasses <input type="checkbox"/> Safety goggles <input type="checkbox"/> Shading/Filter (# _____) <input type="checkbox"/> Welding shield <input type="checkbox"/> Other: _____ </div> <div style="width: 25%;"> <input type="checkbox"/> Side shields <input type="checkbox"/> Dust-tight goggles </div> </div>
FACE		
<p><u>Work activities, such as:</u></p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> cleaning <input type="checkbox"/> cooking <input type="checkbox"/> siphoning <input type="checkbox"/> painting <input type="checkbox"/> dip tank operations <input type="checkbox"/> other _____ </div> <div style="width: 45%;"> <input type="checkbox"/> foundry work <input type="checkbox"/> welding <input type="checkbox"/> mixing <input type="checkbox"/> pouring molten metal </div> </div>	<p><u>Work-related exposure to:</u></p> <input type="checkbox"/> hazardous liquid chemicals <input type="checkbox"/> extreme heat/cold <input type="checkbox"/> potential irritants: _____ <input type="checkbox"/> other: _____	<p><u>Can hazard be eliminated without the use of PPE?</u> Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><u>If no, use:</u></p> <input type="checkbox"/> Face shield <input type="checkbox"/> Shading/Filter (# _____) <input type="checkbox"/> Welding shield <input type="checkbox"/> Other: _____
HEAD		
<p><u>Work activities, such as:</u></p> <input type="checkbox"/> building maintenance <input type="checkbox"/> confined space operations <input type="checkbox"/> construction <input type="checkbox"/> electrical wiring <input type="checkbox"/> walking/working under catwalks <input type="checkbox"/> walking/working under conveyor belts <input type="checkbox"/> walking/working under crane loads <input type="checkbox"/> utility work <input type="checkbox"/> other: _____	<p><u>Work-related exposure to:</u></p> <input type="checkbox"/> beams <input type="checkbox"/> pipes <input type="checkbox"/> exposed electrical wiring or components <input type="checkbox"/> falling objects <input type="checkbox"/> machine parts <input type="checkbox"/> other: _____	<p><u>Can hazard be eliminated without the use of PPE?</u> Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><u>If no, use:</u></p> <input type="checkbox"/> Protective Helmet <div style="margin-left: 20px;"> <input type="checkbox"/> Type A (low voltage) <input type="checkbox"/> Type B (high voltage) <input type="checkbox"/> Type C <input type="checkbox"/> Bump cap (not ANSI-approved) </div> <input type="checkbox"/> Hair net or soft cap <input type="checkbox"/> Other: _____

HANDS/ARMSWork activities, such as:

- baking material handling
 cooking sanding
 grinding sawing
 welding hammering
 working with glass
 using computers
 using knives
 dental and health care services
 other: Handling rodents

Work-related exposure to:

- blood
 irritating chemicals
 tools or materials that could scrape, bruise, or cut
 extreme heat/cold
 other: Biological agents

Can hazard be eliminated without the use of PPE?Yes No If no, use:

- Gloves
 Chemical resistance
 Liquid/leak resistance
 Temperature resistance
 Abrasion/cut resistance
 Slip resistance
 Protective sleeves
 Other: Long-sleeve shirt

FEET/LEGSWork activities, such as:

- building maintenance
 construction
 demolition
 food processing
 foundry work
 logging
 plumbing
 trenching
 use of highly flammable materials
 welding
 other: Handling rodents

Work-related exposure to:

- explosive atmospheres
 explosives
 exposed electrical wiring or components
 heavy equipment
 slippery surfaces
 tools
 other: Biological agents

Can hazard be eliminated without the use of PPE?Yes No If no, use:

- Safety shoes or boots
 Toe protection Metatarsal protection
 Electrical protection Heat/cold protection
 Puncture resistance Chemical resistance
 Anti-slip soles
 Leggings or chaps
 Foot-Leg guards
 Other: Long pants, shoes, and socks

BODY/SKINWork activities such as:

- baking or frying
 battery charging
 dip tank operations
 fiberglass installation
 irritating chemicals
 sawing
 other: _____

Work-related exposure to:

- chemical splashes
 extreme heat/cold
 sharp or rough edges
 other: _____

Can hazard be eliminated without the use of PPE?Yes No If no, use:

- Vest, Jacket
 Coveralls, Body suit
 Raingear
 Apron
 Welding leathers
 Abrasion/cut resistance
 Other: _____

BODY/WHOLE ¹Work activities such as:

- building maintenance
- construction
- logging
- utility work
- other: _____

Work-related exposure to:

- working from heights of 10 feet or more
- working near water
- other: _____

Can hazard be eliminated without the use of PPE?Yes No If no, use:

- Fall Arrest/Restraint: Type: _____
- PFD: Type: _____
- Other: _____

LUNGS/RESPIRATORY ¹Work activities such as:

- cleaning
 - mixing
 - painting
 - fiberglass installation
 - compressed air or gas operations
 - other: Handling rodents
- pouring
 - sawing

Work-related exposure to:

- irritating dust or particulate
- irritating or toxic gas/vapor
- other: Biological agents

Can hazard be eliminated without the use of PPE?Yes No **EARS/HEARING ¹**Work activities such as:

- generator
 - ventilation fans
 - motors
 - sanding
 - pneumatic equipment
 - punch or brake presses
 - use of conveyors
 - other: _____
- grinding
 - machining
 - routers
 - sawing

Work-related exposure to:

- loud noises
- loud work environment
- noisy machines/tools
- punch or brake presses
- other: _____

Can hazard be eliminated without the use of PPE?Yes No

PPE Hazard Assessment Certification Form

*Name of work place: EcoShield

*Assessment conducted by: _____

*Work place address: _____

*Date of assessment: October 15, 2023

Work area(s): Customer Location

Job/Task(s): Prepare and apply Sumari Ant Gel Bait

*Required for certifying the hazard assessment.

Use a separate sheet for each job/task or work area

EYES		
<p><u>Work activities, such as:</u></p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> abrasive blasting <input type="checkbox"/> chopping <input type="checkbox"/> cutting <input type="checkbox"/> drilling <input type="checkbox"/> welding <input type="checkbox"/> punch press operations <input type="checkbox"/> other: _____ </div> <div style="width: 45%;"> <input type="checkbox"/> sanding <input type="checkbox"/> sawing <input type="checkbox"/> grinding <input type="checkbox"/> hammering </div> </div>	<p><u>Work-related exposure to:</u></p> <input type="checkbox"/> airborne dust <input type="checkbox"/> flying particles <input type="checkbox"/> blood splashes <input type="checkbox"/> hazardous liquid chemicals <input type="checkbox"/> intense light <input type="checkbox"/> other: _____	<p><u>Can hazard be eliminated without the use of PPE?</u> Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><u>If no, use:</u></p> <div style="display: flex; justify-content: space-between;"> <div style="width: 70%;"> <input type="checkbox"/> Safety glasses <input type="checkbox"/> Safety goggles <input type="checkbox"/> Shading/Filter (# _____) <input type="checkbox"/> Welding shield <input type="checkbox"/> Other: _____ </div> <div style="width: 25%;"> <input type="checkbox"/> Side shields <input type="checkbox"/> Dust-tight goggles </div> </div>
FACE		
<p><u>Work activities, such as:</u></p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> cleaning <input type="checkbox"/> cooking <input type="checkbox"/> siphoning <input type="checkbox"/> painting <input type="checkbox"/> dip tank operations <input type="checkbox"/> other _____ </div> <div style="width: 45%;"> <input type="checkbox"/> foundry work <input type="checkbox"/> welding <input type="checkbox"/> mixing <input type="checkbox"/> pouring molten metal </div> </div>	<p><u>Work-related exposure to:</u></p> <input type="checkbox"/> hazardous liquid chemicals <input type="checkbox"/> extreme heat/cold <input type="checkbox"/> potential irritants: _____ <input type="checkbox"/> other: _____	<p><u>Can hazard be eliminated without the use of PPE?</u> Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><u>If no, use:</u></p> <input type="checkbox"/> Face shield <input type="checkbox"/> Shading/Filter (# _____) <input type="checkbox"/> Welding shield <input type="checkbox"/> Other: _____
HEAD		
<p><u>Work activities, such as:</u></p> <input type="checkbox"/> building maintenance <input type="checkbox"/> confined space operations <input type="checkbox"/> construction <input type="checkbox"/> electrical wiring <input type="checkbox"/> walking/working under catwalks <input type="checkbox"/> walking/working under conveyor belts <input type="checkbox"/> walking/working under crane loads <input type="checkbox"/> utility work <input type="checkbox"/> other: _____	<p><u>Work-related exposure to:</u></p> <input type="checkbox"/> beams <input type="checkbox"/> pipes <input type="checkbox"/> exposed electrical wiring or components <input type="checkbox"/> falling objects <input type="checkbox"/> machine parts <input type="checkbox"/> other: _____	<p><u>Can hazard be eliminated without the use of PPE?</u> Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><u>If no, use:</u></p> <input type="checkbox"/> Protective Helmet <div style="margin-left: 20px;"> <input type="checkbox"/> Type A (low voltage) <input type="checkbox"/> Type B (high voltage) <input type="checkbox"/> Type C <input type="checkbox"/> Bump cap (not ANSI-approved) </div> <input type="checkbox"/> Hair net or soft cap <input type="checkbox"/> Other: _____

HANDS/ARMSWork activities, such as:

- baking
 - cooking
 - grinding
 - welding
 - working with glass
 - using computers
 - using knives
 - dental and health care services
 - other: _____
- material handling
 - sanding
 - sawing
 - hammering

Work-related exposure to:

- blood
- irritating chemicals
- tools or materials that could scrape, bruise, or cut
- extreme heat/cold
- other: _____

Can hazard be eliminated without the use of PPE?Yes No If no, use:

- Gloves
 - Chemical resistance
 - Liquid/leak resistance
 - Temperature resistance
 - Abrasion/cut resistance
 - Slip resistance
- Protective sleeves
- Other: _____

FEET/LEGSWork activities, such as:

- building maintenance
- construction
- demolition
- food processing
- foundry work
- logging
- plumbing
- trenching
- use of highly flammable materials
- welding
- other: _____

Work-related exposure to:

- explosive atmospheres
- explosives
- exposed electrical wiring or components
- heavy equipment
- slippery surfaces
- tools
- other: _____

Can hazard be eliminated without the use of PPE?Yes No If no, use:

- Safety shoes or boots
 - Toe protection
 - Electrical protection
 - Puncture resistance
 - Anti-slip soles
 - Leggings or chaps
 - Foot-Leg guards
 - Other: _____
- Metatarsal protection
 - Heat/cold protection
 - Chemical resistance

BODY/SKINWork activities such as:

- baking or frying
- battery charging
- dip tank operations
- fiberglass installation
- irritating chemicals
- sawing
- other: _____

Work-related exposure to:

- chemical splashes
- extreme heat/cold
- sharp or rough edges
- other: _____

Can hazard be eliminated without the use of PPE?Yes No If no, use:

- Vest, Jacket
- Coveralls, Body suit
- Raingear
- Apron
- Welding leathers
- Abrasion/cut resistance
- Other: _____

BODY/WHOLE ¹Work activities such as:

- building maintenance
- construction
- logging
- utility work
- other: _____

Work-related exposure to:

- working from heights of 10 feet or more
- working near water
- other: _____

Can hazard be eliminated without the use of PPE?Yes No If no, use:

- Fall Arrest/Restraint: Type: _____
- PFD: Type: _____
- Other: _____

LUNGS/RESPIRATORY ¹Work activities such as:

- cleaning
- mixing
- painting
- fiberglass installation
- compressed air or gas operations
- other: _____
- pouring
- sawing

Work-related exposure to:

- irritating dust or particulate
- irritating or toxic gas/vapor
- other: _____

Can hazard be eliminated without the use of PPE?Yes No **EARS/HEARING ¹**Work activities such as:

- generator
- ventilation fans
- motors
- sanding
- pneumatic equipment
- punch or brake presses
- use of conveyors
- other: _____
- grinding
- machining
- routers
- sawing

Work-related exposure to:

- loud noises
- loud work environment
- noisy machines/tools
- punch or brake presses
- other: _____

Can hazard be eliminated without the use of PPE?Yes No

PPE Hazard Assessment Certification Form

*Name of work place: EcoShield

*Assessment conducted by: _____

*Work place address: _____

*Date of assessment: October 15, 2023

Work area(s): Customer Location

Job/Task(s): Prepare and apply Taurus SC Insecticide

*Required for certifying the hazard assessment.

Use a separate sheet for each job/task or work area

EYES		
<p><u>Work activities, such as:</u></p> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> abrasive blasting</div> <div style="width: 50%;"><input type="checkbox"/> sanding</div> <div style="width: 50%;"><input type="checkbox"/> chopping</div> <div style="width: 50%;"><input type="checkbox"/> sawing</div> <div style="width: 50%;"><input type="checkbox"/> cutting</div> <div style="width: 50%;"><input type="checkbox"/> grinding</div> <div style="width: 50%;"><input type="checkbox"/> drilling</div> <div style="width: 50%;"><input type="checkbox"/> hammering</div> <div style="width: 50%;"><input type="checkbox"/> welding</div> <div style="width: 50%;"><input type="checkbox"/> punch press operations</div> <div style="width: 50%;"><input type="checkbox"/> other: _____</div> </div>	<p><u>Work-related exposure to:</u></p> <input type="checkbox"/> airborne dust <input type="checkbox"/> flying particles <input type="checkbox"/> blood splashes <input type="checkbox"/> hazardous liquid chemicals <input type="checkbox"/> intense light <input type="checkbox"/> other: _____	<p><u>Can hazard be eliminated without the use of PPE?</u> Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><u>If no, use:</u></p> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Safety glasses <input type="checkbox"/> Safety goggles <input type="checkbox"/> Shading/Filter (# _____) <input type="checkbox"/> Welding shield <input type="checkbox"/> Other: _____ </div> <div> <input type="checkbox"/> Side shields <input type="checkbox"/> Dust-tight goggles </div> </div>
FACE		
<p><u>Work activities, such as:</u></p> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> cleaning</div> <div style="width: 50%;"><input type="checkbox"/> foundry work</div> <div style="width: 50%;"><input type="checkbox"/> cooking</div> <div style="width: 50%;"><input type="checkbox"/> welding</div> <div style="width: 50%;"><input type="checkbox"/> siphoning</div> <div style="width: 50%;"><input type="checkbox"/> mixing</div> <div style="width: 50%;"><input type="checkbox"/> painting</div> <div style="width: 50%;"><input type="checkbox"/> pouring molten metal</div> <div style="width: 50%;"><input type="checkbox"/> dip tank operations</div> <div style="width: 50%;"><input type="checkbox"/> other: _____</div> </div>	<p><u>Work-related exposure to:</u></p> <input type="checkbox"/> hazardous liquid chemicals <input type="checkbox"/> extreme heat/cold <input type="checkbox"/> potential irritants: _____ <input type="checkbox"/> other: _____	<p><u>Can hazard be eliminated without the use of PPE?</u> Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><u>If no, use:</u></p> <input type="checkbox"/> Face shield <input type="checkbox"/> Shading/Filter (# _____) <input type="checkbox"/> Welding shield <input type="checkbox"/> Other: _____
HEAD		
<p><u>Work activities, such as:</u></p> <input type="checkbox"/> building maintenance <input type="checkbox"/> confined space operations <input type="checkbox"/> construction <input type="checkbox"/> electrical wiring <input type="checkbox"/> walking/working under catwalks <input type="checkbox"/> walking/working under conveyor belts <input type="checkbox"/> walking/working under crane loads <input type="checkbox"/> utility work <input type="checkbox"/> other: _____	<p><u>Work-related exposure to:</u></p> <input type="checkbox"/> beams <input type="checkbox"/> pipes <input type="checkbox"/> exposed electrical wiring or components <input type="checkbox"/> falling objects <input type="checkbox"/> machine parts <input type="checkbox"/> other: _____	<p><u>Can hazard be eliminated without the use of PPE?</u> Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><u>If no, use:</u></p> <input type="checkbox"/> Protective Helmet <div style="margin-left: 20px;"> <input type="checkbox"/> Type A (low voltage) <input type="checkbox"/> Type B (high voltage) <input type="checkbox"/> Type C <input type="checkbox"/> Bump cap (not ANSI-approved) </div> <input type="checkbox"/> Hair net or soft cap <input type="checkbox"/> Other: _____

HANDS/ARMS		
<p><u>Work activities, such as:</u></p> <input type="checkbox"/> baking <input type="checkbox"/> material handling <input type="checkbox"/> cooking <input type="checkbox"/> sanding <input type="checkbox"/> grinding <input type="checkbox"/> sawing <input type="checkbox"/> welding <input type="checkbox"/> hammering <input type="checkbox"/> working with glass <input type="checkbox"/> using computers <input type="checkbox"/> using knives <input type="checkbox"/> dental and health care services <input checked="" type="checkbox"/> other: <u>Applying product</u>	<p><u>Work-related exposure to:</u></p> <input type="checkbox"/> blood <input checked="" type="checkbox"/> irritating chemicals <input type="checkbox"/> tools or materials that could scrape, bruise, or cut <input type="checkbox"/> extreme heat/cold <input type="checkbox"/> other: _____	<p><u>Can hazard be eliminated without the use of PPE?</u> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p><u>If no, use:</u></p> <input checked="" type="checkbox"/> Gloves <input type="checkbox"/> Chemical resistance <input checked="" type="checkbox"/> Liquid/leak resistance <input type="checkbox"/> Temperature resistance <input type="checkbox"/> Abrasion/cut resistance <input type="checkbox"/> Slip resistance <input type="checkbox"/> Protective sleeves <input checked="" type="checkbox"/> Other: <u>Long-sleeve shirt</u>
FEET/LEGS		
<p><u>Work activities, such as:</u></p> <input type="checkbox"/> building maintenance <input type="checkbox"/> construction <input type="checkbox"/> demolition <input type="checkbox"/> food processing <input type="checkbox"/> foundry work <input type="checkbox"/> logging <input type="checkbox"/> plumbing <input type="checkbox"/> trenching <input type="checkbox"/> use of highly flammable materials <input type="checkbox"/> welding <input checked="" type="checkbox"/> other: <u>Applying product</u>	<p><u>Work-related exposure to:</u></p> <input type="checkbox"/> explosive atmospheres <input type="checkbox"/> explosives <input type="checkbox"/> exposed electrical wiring or components <input type="checkbox"/> heavy equipment <input type="checkbox"/> slippery surfaces <input type="checkbox"/> tools <input checked="" type="checkbox"/> other: <u>irritating chemicals</u>	<p><u>Can hazard be eliminated without the use of PPE?</u> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p><u>If no, use:</u></p> <input type="checkbox"/> Safety shoes or boots <input type="checkbox"/> Toe protection <input type="checkbox"/> Metatarsal protection <input type="checkbox"/> Electrical protection <input type="checkbox"/> Heat/cold protection <input type="checkbox"/> Puncture resistance <input type="checkbox"/> Chemical resistance <input type="checkbox"/> Anti-slip soles <input type="checkbox"/> Leggings or chaps <input type="checkbox"/> Foot-Leg guards <input checked="" type="checkbox"/> Other: <u>Long pants, shoes, and socks</u>
BODY/SKIN		
<p><u>Work activities such as:</u></p> <input type="checkbox"/> baking or frying <input type="checkbox"/> battery charging <input type="checkbox"/> dip tank operations <input type="checkbox"/> fiberglass installation <input type="checkbox"/> irritating chemicals <input type="checkbox"/> sawing <input type="checkbox"/> other: _____	<p><u>Work-related exposure to:</u></p> <input type="checkbox"/> chemical splashes <input type="checkbox"/> extreme heat/cold <input type="checkbox"/> sharp or rough edges <input type="checkbox"/> other: _____	<p><u>Can hazard be eliminated without the use of PPE?</u> Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><u>If no, use:</u></p> <input type="checkbox"/> Vest, Jacket <input type="checkbox"/> Coveralls, Body suit <input type="checkbox"/> Raingear <input type="checkbox"/> Apron <input type="checkbox"/> Welding leathers <input type="checkbox"/> Abrasion/cut resistance <input type="checkbox"/> Other: _____

BODY/WHOLE ¹Work activities such as:

- building maintenance
- construction
- logging
- utility work
- other: _____

Work-related exposure to:

- working from heights of 10 feet or more
- working near water
- other: _____

Can hazard be eliminated without the use of PPE?Yes No If no, use:

- Fall Arrest/Restraint: Type: _____
- PFD: Type: _____
- Other: _____

LUNGS/RESPIRATORY ¹Work activities such as:

- cleaning
- mixing
- painting
- fiberglass installation
- compressed air or gas operations
- other: _____
- pouring
- sawing

Work-related exposure to:

- irritating dust or particulate
- irritating or toxic gas/vapor
- other: _____

Can hazard be eliminated without the use of PPE?Yes No **EARS/HEARING ¹**Work activities such as:

- generator
- ventilation fans
- motors
- sanding
- pneumatic equipment
- punch or brake presses
- use of conveyors
- other: _____
- grinding
- machining
- routers
- sawing

Work-related exposure to:

- loud noises
- loud work environment
- noisy machines/tools
- punch or brake presses
- other: _____

Can hazard be eliminated without the use of PPE?Yes No

PPE Hazard Assessment Certification Form

*Name of work place: EcoShield

*Assessment conducted by: _____

*Work place address: _____

*Date of assessment: October 15, 2023

Work area(s): Customer Location

Job/Task(s): Prepare and apply Transport Mikron

*Required for certifying the hazard assessment.

Use a separate sheet for each job/task or work area

EYES		
<p><u>Work activities, such as:</u></p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> abrasive blasting <input type="checkbox"/> chopping <input type="checkbox"/> cutting <input type="checkbox"/> drilling <input type="checkbox"/> welding <input type="checkbox"/> punch press operations <input type="checkbox"/> other: _____ </div> <div style="width: 45%;"> <input type="checkbox"/> sanding <input type="checkbox"/> sawing <input type="checkbox"/> grinding <input type="checkbox"/> hammering </div> </div>	<p><u>Work-related exposure to:</u></p> <input type="checkbox"/> airborne dust <input type="checkbox"/> flying particles <input type="checkbox"/> blood splashes <input type="checkbox"/> hazardous liquid chemicals <input type="checkbox"/> intense light <input type="checkbox"/> other: _____	<p><u>Can hazard be eliminated without the use of PPE?</u> Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><u>If no, use:</u></p> <div style="display: flex; justify-content: space-between;"> <div style="width: 70%;"> <input type="checkbox"/> Safety glasses <input type="checkbox"/> Safety goggles <input type="checkbox"/> Shading/Filter (# _____) <input type="checkbox"/> Welding shield <input type="checkbox"/> Other: _____ </div> <div style="width: 25%;"> <input type="checkbox"/> Side shields <input type="checkbox"/> Dust-tight goggles </div> </div>
FACE		
<p><u>Work activities, such as:</u></p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> cleaning <input type="checkbox"/> cooking <input type="checkbox"/> siphoning <input type="checkbox"/> painting <input type="checkbox"/> dip tank operations <input type="checkbox"/> other _____ </div> <div style="width: 45%;"> <input type="checkbox"/> foundry work <input type="checkbox"/> welding <input type="checkbox"/> mixing <input type="checkbox"/> pouring molten metal </div> </div>	<p><u>Work-related exposure to:</u></p> <input type="checkbox"/> hazardous liquid chemicals <input type="checkbox"/> extreme heat/cold <input type="checkbox"/> potential irritants: _____ <input type="checkbox"/> other: _____	<p><u>Can hazard be eliminated without the use of PPE?</u> Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><u>If no, use:</u></p> <input type="checkbox"/> Face shield <input type="checkbox"/> Shading/Filter (# _____) <input type="checkbox"/> Welding shield <input type="checkbox"/> Other: _____
HEAD		
<p><u>Work activities, such as:</u></p> <input type="checkbox"/> building maintenance <input type="checkbox"/> confined space operations <input type="checkbox"/> construction <input type="checkbox"/> electrical wiring <input type="checkbox"/> walking/working under catwalks <input type="checkbox"/> walking/working under conveyor belts <input type="checkbox"/> walking/working under crane loads <input type="checkbox"/> utility work <input type="checkbox"/> other: _____	<p><u>Work-related exposure to:</u></p> <input type="checkbox"/> beams <input type="checkbox"/> pipes <input type="checkbox"/> exposed electrical wiring or components <input type="checkbox"/> falling objects <input type="checkbox"/> machine parts <input type="checkbox"/> other: _____	<p><u>Can hazard be eliminated without the use of PPE?</u> Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><u>If no, use:</u></p> <input type="checkbox"/> Protective Helmet <div style="margin-left: 20px;"> <input type="checkbox"/> Type A (low voltage) <input type="checkbox"/> Type B (high voltage) <input type="checkbox"/> Type C <input type="checkbox"/> Bump cap (not ANSI-approved) </div> <input type="checkbox"/> Hair net or soft cap <input type="checkbox"/> Other: _____

HANDS/ARMS		
<p><u>Work activities, such as:</u></p> <input type="checkbox"/> baking <input type="checkbox"/> material handling <input type="checkbox"/> cooking <input type="checkbox"/> sanding <input type="checkbox"/> grinding <input type="checkbox"/> sawing <input type="checkbox"/> welding <input type="checkbox"/> hammering <input type="checkbox"/> working with glass <input type="checkbox"/> using computers <input type="checkbox"/> using knives <input type="checkbox"/> dental and health care services <input checked="" type="checkbox"/> other: <u>Applying product</u>	<p><u>Work-related exposure to:</u></p> <input type="checkbox"/> blood <input checked="" type="checkbox"/> irritating chemicals <input type="checkbox"/> tools or materials that could scrape, bruise, or cut <input type="checkbox"/> extreme heat/cold <input type="checkbox"/> other: _____	<p><u>Can hazard be eliminated without the use of PPE?</u> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p><u>If no, use:</u></p> <input checked="" type="checkbox"/> Gloves <input checked="" type="checkbox"/> Chemical resistance <input type="checkbox"/> Liquid/leak resistance <input type="checkbox"/> Temperature resistance <input type="checkbox"/> Abrasion/cut resistance <input type="checkbox"/> Slip resistance <input type="checkbox"/> Protective sleeves <input checked="" type="checkbox"/> Other: <u>Long-sleeve shirt</u>
FEET/LEGS		
<p><u>Work activities, such as:</u></p> <input type="checkbox"/> building maintenance <input type="checkbox"/> construction <input type="checkbox"/> demolition <input type="checkbox"/> food processing <input type="checkbox"/> foundry work <input type="checkbox"/> logging <input type="checkbox"/> plumbing <input type="checkbox"/> trenching <input type="checkbox"/> use of highly flammable materials <input type="checkbox"/> welding <input checked="" type="checkbox"/> other: <u>Applying product</u>	<p><u>Work-related exposure to:</u></p> <input type="checkbox"/> explosive atmospheres <input type="checkbox"/> explosives <input type="checkbox"/> exposed electrical wiring or components <input type="checkbox"/> heavy equipment <input type="checkbox"/> slippery surfaces <input type="checkbox"/> tools <input checked="" type="checkbox"/> other: <u>irritating chemicals</u>	<p><u>Can hazard be eliminated without the use of PPE?</u> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p><u>If no, use:</u></p> <input type="checkbox"/> Safety shoes or boots <input type="checkbox"/> Toe protection <input type="checkbox"/> Metatarsal protection <input type="checkbox"/> Electrical protection <input type="checkbox"/> Heat/cold protection <input type="checkbox"/> Puncture resistance <input type="checkbox"/> Chemical resistance <input type="checkbox"/> Anti-slip soles <input type="checkbox"/> Leggings or chaps <input type="checkbox"/> Foot-Leg guards <input checked="" type="checkbox"/> Other: <u>Long pants, shoes, and socks</u>
BODY/SKIN		
<p><u>Work activities such as:</u></p> <input type="checkbox"/> baking or frying <input type="checkbox"/> battery charging <input type="checkbox"/> dip tank operations <input type="checkbox"/> fiberglass installation <input type="checkbox"/> irritating chemicals <input type="checkbox"/> sawing <input type="checkbox"/> other: _____	<p><u>Work-related exposure to:</u></p> <input type="checkbox"/> chemical splashes <input type="checkbox"/> extreme heat/cold <input type="checkbox"/> sharp or rough edges <input type="checkbox"/> other: _____	<p><u>Can hazard be eliminated without the use of PPE?</u> Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><u>If no, use:</u></p> <input type="checkbox"/> Vest, Jacket <input type="checkbox"/> Coveralls, Body suit <input type="checkbox"/> Raingear <input type="checkbox"/> Apron <input type="checkbox"/> Welding leathers <input type="checkbox"/> Abrasion/cut resistance <input type="checkbox"/> Other: _____

BODY/WHOLE ¹Work activities such as:

- building maintenance
- construction
- logging
- utility work
- other: _____

Work-related exposure to:

- working from heights of 10 feet or more
- working near water
- other: _____

Can hazard be eliminated without the use of PPE?Yes No If no, use:

- Fall Arrest/Restraint: Type: _____
- PFD: Type: _____
- Other: _____

LUNGS/RESPIRATORY ¹Work activities such as:

- cleaning
- mixing
- painting
- fiberglass installation
- compressed air or gas operations
- other: _____
- pouring
- sawing

Work-related exposure to:

- irritating dust or particulate
- irritating or toxic gas/vapor
- other: _____

Can hazard be eliminated without the use of PPE?Yes No **EARS/HEARING ¹**Work activities such as:

- generator
- ventilation fans
- motors
- sanding
- pneumatic equipment
- punch or brake presses
- use of conveyors
- other: _____
- grinding
- machining
- routers
- sawing

Work-related exposure to:

- loud noises
- loud work environment
- noisy machines/tools
- punch or brake presses
- other: _____

Can hazard be eliminated without the use of PPE?Yes No

PPE Hazard Assessment Certification Form

*Name of work place: EcoShield

*Assessment conducted by: _____

*Work place address: _____

*Date of assessment: October 15, 2023

Work area(s): Customer Location

Job/Task(s): Prepare and apply Web Out

*Required for certifying the hazard assessment.

Use a separate sheet for each job/task or work area

EYES		
<p><u>Work activities, such as:</u></p> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> abrasive blasting</div> <div style="width: 50%;"><input type="checkbox"/> sanding</div> <div style="width: 50%;"><input type="checkbox"/> chopping</div> <div style="width: 50%;"><input type="checkbox"/> sawing</div> <div style="width: 50%;"><input type="checkbox"/> cutting</div> <div style="width: 50%;"><input type="checkbox"/> grinding</div> <div style="width: 50%;"><input type="checkbox"/> drilling</div> <div style="width: 50%;"><input type="checkbox"/> hammering</div> <div style="width: 50%;"><input type="checkbox"/> welding</div> <div style="width: 50%;"><input type="checkbox"/> punch press operations</div> <div style="width: 50%;"><input checked="" type="checkbox"/> other: Applying product</div> </div>	<p><u>Work-related exposure to:</u></p> <input type="checkbox"/> airborne dust <input type="checkbox"/> flying particles <input type="checkbox"/> blood splashes <input checked="" type="checkbox"/> hazardous liquid chemicals <input type="checkbox"/> intense light <input type="checkbox"/> other: _____	<p><u>Can hazard be eliminated without the use of PPE?</u> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p><u>If no, use:</u></p> <input checked="" type="checkbox"/> Safety glasses <input type="checkbox"/> Safety goggles <input type="checkbox"/> Shading/Filter (# _____) <input type="checkbox"/> Welding shield <input type="checkbox"/> Other: _____ <input checked="" type="checkbox"/> Side shields <input type="checkbox"/> Dust-tight goggles
FACE		
<p><u>Work activities, such as:</u></p> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> cleaning</div> <div style="width: 50%;"><input type="checkbox"/> foundry work</div> <div style="width: 50%;"><input type="checkbox"/> cooking</div> <div style="width: 50%;"><input type="checkbox"/> welding</div> <div style="width: 50%;"><input type="checkbox"/> siphoning</div> <div style="width: 50%;"><input type="checkbox"/> mixing</div> <div style="width: 50%;"><input type="checkbox"/> painting</div> <div style="width: 50%;"><input type="checkbox"/> pouring molten metal</div> <div style="width: 50%;"><input type="checkbox"/> dip tank operations</div> <div style="width: 50%;"><input type="checkbox"/> other _____</div> </div>	<p><u>Work-related exposure to:</u></p> <input type="checkbox"/> hazardous liquid chemicals <input type="checkbox"/> extreme heat/cold <input type="checkbox"/> potential irritants: _____ <input type="checkbox"/> other: _____	<p><u>Can hazard be eliminated without the use of PPE?</u> Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><u>If no, use:</u></p> <input type="checkbox"/> Face shield <input type="checkbox"/> Shading/Filter (# _____) <input type="checkbox"/> Welding shield <input type="checkbox"/> Other: _____
HEAD		
<p><u>Work activities, such as:</u></p> <input type="checkbox"/> building maintenance <input type="checkbox"/> confined space operations <input type="checkbox"/> construction <input type="checkbox"/> electrical wiring <input type="checkbox"/> walking/working under catwalks <input type="checkbox"/> walking/working under conveyor belts <input type="checkbox"/> walking/working under crane loads <input type="checkbox"/> utility work <input type="checkbox"/> other: _____	<p><u>Work-related exposure to:</u></p> <input type="checkbox"/> beams <input type="checkbox"/> pipes <input type="checkbox"/> exposed electrical wiring or components <input type="checkbox"/> falling objects <input type="checkbox"/> machine parts <input type="checkbox"/> other: _____	<p><u>Can hazard be eliminated without the use of PPE?</u> Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><u>If no, use:</u></p> <input type="checkbox"/> Protective Helmet <div style="margin-left: 20px;"> <input type="checkbox"/> Type A (low voltage) <input type="checkbox"/> Type B (high voltage) <input type="checkbox"/> Type C <input type="checkbox"/> Bump cap (not ANSI-approved) </div> <input type="checkbox"/> Hair net or soft cap <input type="checkbox"/> Other: _____

HANDS/ARMS		
<p><u>Work activities, such as:</u></p> <input type="checkbox"/> baking <input type="checkbox"/> material handling <input type="checkbox"/> cooking <input type="checkbox"/> sanding <input type="checkbox"/> grinding <input type="checkbox"/> sawing <input type="checkbox"/> welding <input type="checkbox"/> hammering <input type="checkbox"/> working with glass <input type="checkbox"/> using computers <input type="checkbox"/> using knives <input type="checkbox"/> dental and health care services <input checked="" type="checkbox"/> other: <u>Applying product</u>	<p><u>Work-related exposure to:</u></p> <input type="checkbox"/> blood <input checked="" type="checkbox"/> irritating chemicals <input type="checkbox"/> tools or materials that could scrape, bruise, or cut <input type="checkbox"/> extreme heat/cold <input type="checkbox"/> other: _____	<p><u>Can hazard be eliminated without the use of PPE?</u> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p><u>If no, use:</u></p> <input checked="" type="checkbox"/> Gloves <input checked="" type="checkbox"/> Chemical resistance <input type="checkbox"/> Liquid/leak resistance <input type="checkbox"/> Temperature resistance <input type="checkbox"/> Abrasion/cut resistance <input type="checkbox"/> Slip resistance <input type="checkbox"/> Protective sleeves <input checked="" type="checkbox"/> Other: <u>Long-sleeve shirt</u>
FEET/LEGS		
<p><u>Work activities, such as:</u></p> <input type="checkbox"/> building maintenance <input type="checkbox"/> construction <input type="checkbox"/> demolition <input type="checkbox"/> food processing <input type="checkbox"/> foundry work <input type="checkbox"/> logging <input type="checkbox"/> plumbing <input type="checkbox"/> trenching <input type="checkbox"/> use of highly flammable materials <input type="checkbox"/> welding <input checked="" type="checkbox"/> other: <u>Applying product</u>	<p><u>Work-related exposure to:</u></p> <input type="checkbox"/> explosive atmospheres <input type="checkbox"/> explosives <input type="checkbox"/> exposed electrical wiring or components <input type="checkbox"/> heavy equipment <input type="checkbox"/> slippery surfaces <input type="checkbox"/> tools <input checked="" type="checkbox"/> other: <u>irritating chemicals</u>	<p><u>Can hazard be eliminated without the use of PPE?</u> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p><u>If no, use:</u></p> <input type="checkbox"/> Safety shoes or boots <input type="checkbox"/> Toe protection <input type="checkbox"/> Metatarsal protection <input type="checkbox"/> Electrical protection <input type="checkbox"/> Heat/cold protection <input type="checkbox"/> Puncture resistance <input type="checkbox"/> Chemical resistance <input type="checkbox"/> Anti-slip soles <input type="checkbox"/> Leggings or chaps <input type="checkbox"/> Foot-Leg guards <input checked="" type="checkbox"/> Other: <u>Long pants, shoes, and socks</u>
BODY/SKIN		
<p><u>Work activities such as:</u></p> <input type="checkbox"/> baking or frying <input type="checkbox"/> battery charging <input type="checkbox"/> dip tank operations <input type="checkbox"/> fiberglass installation <input type="checkbox"/> irritating chemicals <input type="checkbox"/> sawing <input type="checkbox"/> other: _____	<p><u>Work-related exposure to:</u></p> <input type="checkbox"/> chemical splashes <input type="checkbox"/> extreme heat/cold <input type="checkbox"/> sharp or rough edges <input type="checkbox"/> other: _____	<p><u>Can hazard be eliminated without the use of PPE?</u> Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><u>If no, use:</u></p> <input type="checkbox"/> Vest, Jacket <input type="checkbox"/> Coveralls, Body suit <input type="checkbox"/> Raingear <input type="checkbox"/> Apron <input type="checkbox"/> Welding leathers <input type="checkbox"/> Abrasion/cut resistance <input type="checkbox"/> Other: _____

BODY/WHOLE ¹Work activities such as:

- building maintenance
- construction
- logging
- utility work
- other: _____

Work-related exposure to:

- working from heights of 10 feet or more
- working near water
- other: _____

Can hazard be eliminated without the use of PPE?Yes No If no, use:

- Fall Arrest/Restraint: Type: _____
- PFD: Type: _____
- Other: _____

LUNGS/RESPIRATORY ¹Work activities such as:

- cleaning
- mixing
- painting
- fiberglass installation
- compressed air or gas operations
- other: _____
- pouring
- sawing

Work-related exposure to:

- irritating dust or particulate
- irritating or toxic gas/vapor
- other: _____

Can hazard be eliminated without the use of PPE?Yes No **EARS/HEARING ¹**Work activities such as:

- generator
- ventilation fans
- motors
- sanding
- pneumatic equipment
- punch or brake presses
- use of conveyors
- other: _____
- grinding
- machining
- routers
- sawing

Work-related exposure to:

- loud noises
- loud work environment
- noisy machines/tools
- punch or brake presses
- other: _____

Can hazard be eliminated without the use of PPE?Yes No

PPE Hazard Assessment Certification Form

*Name of work place: EcoShield

*Assessment conducted by: _____

*Work place address: _____

*Date of assessment: October 15, 2023

Work area(s): Customer Location

Job/Task(s): Prepare and apply Advian WDG

*Required for certifying the hazard assessment.

Use a separate sheet for each job/task or work area

EYES		
<p><u>Work activities, such as:</u></p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> abrasive blasting <input type="checkbox"/> chopping <input type="checkbox"/> cutting <input type="checkbox"/> drilling <input type="checkbox"/> welding <input type="checkbox"/> punch press operations <input type="checkbox"/> other: _____ </div> <div style="width: 45%;"> <input type="checkbox"/> sanding <input type="checkbox"/> sawing <input type="checkbox"/> grinding <input type="checkbox"/> hammering </div> </div>	<p><u>Work-related exposure to:</u></p> <input type="checkbox"/> airborne dust <input type="checkbox"/> flying particles <input type="checkbox"/> blood splashes <input type="checkbox"/> hazardous liquid chemicals <input type="checkbox"/> intense light <input type="checkbox"/> other: _____	<p><u>Can hazard be eliminated without the use of PPE?</u> Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><u>If no, use:</u></p> <div style="display: flex; justify-content: space-between;"> <div style="width: 70%;"> <input type="checkbox"/> Safety glasses <input type="checkbox"/> Safety goggles <input type="checkbox"/> Shading/Filter (#_____) <input type="checkbox"/> Welding shield <input type="checkbox"/> Other: _____ </div> <div style="width: 25%;"> <input type="checkbox"/> Side shields <input type="checkbox"/> Dust-tight goggles </div> </div>
FACE		
<p><u>Work activities, such as:</u></p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> cleaning <input type="checkbox"/> cooking <input type="checkbox"/> siphoning <input type="checkbox"/> painting <input type="checkbox"/> dip tank operations <input type="checkbox"/> other _____ </div> <div style="width: 45%;"> <input type="checkbox"/> foundry work <input type="checkbox"/> welding <input type="checkbox"/> mixing <input type="checkbox"/> pouring molten metal </div> </div>	<p><u>Work-related exposure to:</u></p> <input type="checkbox"/> hazardous liquid chemicals <input type="checkbox"/> extreme heat/cold <input type="checkbox"/> potential irritants: _____ <input type="checkbox"/> other: _____	<p><u>Can hazard be eliminated without the use of PPE?</u> Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><u>If no, use:</u></p> <input type="checkbox"/> Face shield <input type="checkbox"/> Shading/Filter (#_____) <input type="checkbox"/> Welding shield <input type="checkbox"/> Other: _____
HEAD		
<p><u>Work activities, such as:</u></p> <input type="checkbox"/> building maintenance <input type="checkbox"/> confined space operations <input type="checkbox"/> construction <input type="checkbox"/> electrical wiring <input type="checkbox"/> walking/working under catwalks <input type="checkbox"/> walking/working under conveyor belts <input type="checkbox"/> walking/working under crane loads <input type="checkbox"/> utility work <input type="checkbox"/> other: _____	<p><u>Work-related exposure to:</u></p> <input type="checkbox"/> beams <input type="checkbox"/> pipes <input type="checkbox"/> exposed electrical wiring or components <input type="checkbox"/> falling objects <input type="checkbox"/> machine parts <input type="checkbox"/> other: _____	<p><u>Can hazard be eliminated without the use of PPE?</u> Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><u>If no, use:</u></p> <input type="checkbox"/> Protective Helmet <div style="margin-left: 20px;"> <input type="checkbox"/> Type A (low voltage) <input type="checkbox"/> Type B (high voltage) <input type="checkbox"/> Type C <input type="checkbox"/> Bump cap (not ANSI-approved) </div> <input type="checkbox"/> Hair net or soft cap <input type="checkbox"/> Other: _____

HANDS/ARMSWork activities, such as:

- baking material handling
 cooking sanding
 grinding sawing
 welding hammering
 working with glass
 using computers
 using knives
 dental and health care services
 other: Applying product

Work-related exposure to:

- blood
 irritating chemicals
 tools or materials that could scrape, bruise, or cut
 extreme heat/cold
 other: _____

Can hazard be eliminated without the use of PPE?Yes No If no, use:

- Gloves
 Chemical resistance
 Liquid/leak resistance
 Temperature resistance
 Abrasion/cut resistance
 Slip resistance
 Protective sleeves
 Other:

FEET/LEGSWork activities, such as:

- building maintenance
 construction
 demolition
 food processing
 foundry work
 logging
 plumbing
 trenching
 use of highly flammable materials
 welding
 other: Applying product

Work-related exposure to:

- explosive atmospheres
 explosives
 exposed electrical wiring or components
 heavy equipment
 slippery surfaces
 tools
 other: irritating chemicals

Can hazard be eliminated without the use of PPE?Yes No If no, use:

- Safety shoes or boots
 Toe protection Metatarsal protection
 Electrical protection Heat/cold protection
 Puncture resistance Chemical resistance
 Anti-slip soles
 Leggings or chaps
 Foot-Leg guards
 Other: Long pants, shoes, and socks

BODY/SKINWork activities such as:

- baking or frying
 battery charging
 dip tank operations
 fiberglass installation
 irritating chemicals
 sawing
 other: _____

Work-related exposure to:

- chemical splashes
 extreme heat/cold
 sharp or rough edges
 other: _____

Can hazard be eliminated without the use of PPE?Yes No If no, use:

- Vest, Jacket
 Coveralls, Body suit
 Raingear
 Apron
 Welding leathers
 Abrasion/cut resistance
 Other: _____

BODY/WHOLE ¹Work activities such as:

- building maintenance
- construction
- logging
- utility work
- other: _____

Work-related exposure to:

- working from heights of 10 feet or more
- working near water
- other: _____

Can hazard be eliminated without the use of PPE?Yes No If no, use:

- Fall Arrest/Restraint: Type: _____
- PFD: Type: _____
- Other: _____

LUNGS/RESPIRATORY ¹Work activities such as:

- cleaning
 - mixing
 - painting
 - fiberglass installation
 - compressed air or gas operations
 - other: Applying product in unventilated area
- pouring
 - sawing

Work-related exposure to:

- irritating dust or particulate
- irritating or toxic gas/vapor
- other: _____

Can hazard be eliminated without the use of PPE?Yes No **EARS/HEARING ¹**Work activities such as:

- generator
 - ventilation fans
 - motors
 - sanding
 - pneumatic equipment
 - punch or brake presses
 - use of conveyors
 - other: _____
- grinding
 - machining
 - routers
 - sawing

Work-related exposure to:

- loud noises
- loud work environment
- noisy machines/tools
- punch or brake presses
- other: _____

Can hazard be eliminated without the use of PPE?Yes No

PPE Hazard Assessment Certification Form

*Name of work place: EcoShield

*Assessment conducted by: _____

*Work place address: _____

*Date of assessment: October 15, 2023

Work area(s): Customer Location

Job/Task(s): Prepare and apply Advion Cockroach Gel Bait

*Required for certifying the hazard assessment.

Use a separate sheet for each job/task or work area

EYES		
<p><u>Work activities, such as:</u></p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> abrasive blasting <input type="checkbox"/> chopping <input type="checkbox"/> cutting <input type="checkbox"/> drilling <input type="checkbox"/> welding <input type="checkbox"/> punch press operations <input type="checkbox"/> other: _____ </div> <div style="width: 45%;"> <input type="checkbox"/> sanding <input type="checkbox"/> sawing <input type="checkbox"/> grinding <input type="checkbox"/> hammering </div> </div>	<p><u>Work-related exposure to:</u></p> <input type="checkbox"/> airborne dust <input type="checkbox"/> flying particles <input type="checkbox"/> blood splashes <input type="checkbox"/> hazardous liquid chemicals <input type="checkbox"/> intense light <input type="checkbox"/> other: _____	<p><u>Can hazard be eliminated without the use of PPE?</u> Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><u>If no, use:</u></p> <div style="display: flex; justify-content: space-between;"> <div style="width: 70%;"> <input type="checkbox"/> Safety glasses <input type="checkbox"/> Safety goggles <input type="checkbox"/> Shading/Filter (#_____) <input type="checkbox"/> Welding shield <input type="checkbox"/> Other: _____ </div> <div style="width: 25%;"> <input type="checkbox"/> Side shields <input type="checkbox"/> Dust-tight goggles </div> </div>
FACE		
<p><u>Work activities, such as:</u></p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> cleaning <input type="checkbox"/> cooking <input type="checkbox"/> siphoning <input type="checkbox"/> painting <input type="checkbox"/> dip tank operations <input type="checkbox"/> other _____ </div> <div style="width: 45%;"> <input type="checkbox"/> foundry work <input type="checkbox"/> welding <input type="checkbox"/> mixing <input type="checkbox"/> pouring molten metal </div> </div>	<p><u>Work-related exposure to:</u></p> <input type="checkbox"/> hazardous liquid chemicals <input type="checkbox"/> extreme heat/cold <input type="checkbox"/> potential irritants: _____ <input type="checkbox"/> other: _____	<p><u>Can hazard be eliminated without the use of PPE?</u> Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><u>If no, use:</u></p> <input type="checkbox"/> Face shield <input type="checkbox"/> Shading/Filter (#_____) <input type="checkbox"/> Welding shield <input type="checkbox"/> Other: _____
HEAD		
<p><u>Work activities, such as:</u></p> <input type="checkbox"/> building maintenance <input type="checkbox"/> confined space operations <input type="checkbox"/> construction <input type="checkbox"/> electrical wiring <input type="checkbox"/> walking/working under catwalks <input type="checkbox"/> walking/working under conveyor belts <input type="checkbox"/> walking/working under crane loads <input type="checkbox"/> utility work <input type="checkbox"/> other: _____	<p><u>Work-related exposure to:</u></p> <input type="checkbox"/> beams <input type="checkbox"/> pipes <input type="checkbox"/> exposed electrical wiring or components <input type="checkbox"/> falling objects <input type="checkbox"/> machine parts <input type="checkbox"/> other: _____	<p><u>Can hazard be eliminated without the use of PPE?</u> Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><u>If no, use:</u></p> <input type="checkbox"/> Protective Helmet <div style="margin-left: 20px;"> <input type="checkbox"/> Type A (low voltage) <input type="checkbox"/> Type B (high voltage) <input type="checkbox"/> Type C <input type="checkbox"/> Bump cap (not ANSI-approved) </div> <input type="checkbox"/> Hair net or soft cap <input type="checkbox"/> Other: _____

HANDS/ARMS		
<p><u>Work activities, such as:</u></p> <input type="checkbox"/> baking <input type="checkbox"/> material handling <input type="checkbox"/> cooking <input type="checkbox"/> sanding <input type="checkbox"/> grinding <input type="checkbox"/> sawing <input type="checkbox"/> welding <input type="checkbox"/> hammering <input type="checkbox"/> working with glass <input type="checkbox"/> using computers <input type="checkbox"/> using knives <input type="checkbox"/> dental and health care services <input checked="" type="checkbox"/> other: <u>Applying product</u>	<p><u>Work-related exposure to:</u></p> <input type="checkbox"/> blood <input checked="" type="checkbox"/> irritating chemicals <input type="checkbox"/> tools or materials that could scrape, bruise, or cut <input type="checkbox"/> extreme heat/cold <input type="checkbox"/> other: _____	<p><u>Can hazard be eliminated without the use of PPE?</u> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p><u>If no, use:</u></p> <input checked="" type="checkbox"/> Gloves <input checked="" type="checkbox"/> Chemical resistance <input type="checkbox"/> Liquid/leak resistance <input type="checkbox"/> Temperature resistance <input type="checkbox"/> Abrasion/cut resistance <input type="checkbox"/> Slip resistance <input type="checkbox"/> Protective sleeves <input type="checkbox"/> Other:
FEET/LEGS		
<p><u>Work activities, such as:</u></p> <input type="checkbox"/> building maintenance <input type="checkbox"/> construction <input type="checkbox"/> demolition <input type="checkbox"/> food processing <input type="checkbox"/> foundry work <input type="checkbox"/> logging <input type="checkbox"/> plumbing <input type="checkbox"/> trenching <input type="checkbox"/> use of highly flammable materials <input type="checkbox"/> welding <input type="checkbox"/> other:	<p><u>Work-related exposure to:</u></p> <input type="checkbox"/> explosive atmospheres <input type="checkbox"/> explosives <input type="checkbox"/> exposed electrical wiring or components <input type="checkbox"/> heavy equipment <input type="checkbox"/> slippery surfaces <input type="checkbox"/> tools <input type="checkbox"/> other:	<p><u>Can hazard be eliminated without the use of PPE?</u> Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><u>If no, use:</u></p> <input type="checkbox"/> Safety shoes or boots <input type="checkbox"/> Toe protection <input type="checkbox"/> Metatarsal protection <input type="checkbox"/> Electrical protection <input type="checkbox"/> Heat/cold protection <input type="checkbox"/> Puncture resistance <input type="checkbox"/> Chemical resistance <input type="checkbox"/> Anti-slip soles <input type="checkbox"/> Leggings or chaps <input type="checkbox"/> Foot-Leg guards <input type="checkbox"/> Other:
BODY/SKIN		
<p><u>Work activities such as:</u></p> <input type="checkbox"/> baking or frying <input type="checkbox"/> battery charging <input type="checkbox"/> dip tank operations <input type="checkbox"/> fiberglass installation <input type="checkbox"/> irritating chemicals <input type="checkbox"/> sawing <input type="checkbox"/> other: _____	<p><u>Work-related exposure to:</u></p> <input type="checkbox"/> chemical splashes <input type="checkbox"/> extreme heat/cold <input type="checkbox"/> sharp or rough edges <input type="checkbox"/> other: _____	<p><u>Can hazard be eliminated without the use of PPE?</u> Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><u>If no, use:</u></p> <input type="checkbox"/> Vest, Jacket <input type="checkbox"/> Coveralls, Body suit <input type="checkbox"/> Raingear <input type="checkbox"/> Apron <input type="checkbox"/> Welding leathers <input type="checkbox"/> Abrasion/cut resistance <input type="checkbox"/> Other: _____

BODY/WHOLE ¹Work activities such as:

- building maintenance
- construction
- logging
- utility work
- other: _____

Work-related exposure to:

- working from heights of 10 feet or more
- working near water
- other: _____

Can hazard be eliminated without the use of PPE?Yes No If no, use:

- Fall Arrest/Restraint: Type: _____
- PFD: Type: _____
- Other: _____

LUNGS/RESPIRATORY ¹Work activities such as:

- cleaning
 - mixing
 - painting
 - fiberglass installation
 - compressed air or gas operations
 - other: Applying product in unventilated area
- pouring
 - sawing

Work-related exposure to:

- irritating dust or particulate
- irritating or toxic gas/vapor
- other: _____

Can hazard be eliminated without the use of PPE?Yes No **EARS/HEARING ¹**Work activities such as:

- generator
 - ventilation fans
 - motors
 - sanding
 - pneumatic equipment
 - punch or brake presses
 - use of conveyors
 - other: _____
- grinding
 - machining
 - routers
 - sawing

Work-related exposure to:

- loud noises
- loud work environment
- noisy machines/tools
- punch or brake presses
- other: _____

Can hazard be eliminated without the use of PPE?Yes No

PPE Hazard Assessment Certification Form

*Name of work place: EcoShield

*Assessment conducted by: _____

*Work place address: _____

*Date of assessment: October 15, 2023

Work area(s): Customer Location

Job/Task(s): Prepare and apply Bifen L/P

*Required for certifying the hazard assessment.

Use a separate sheet for each job/task or work area

EYES		
<p><u>Work activities, such as:</u></p> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> abrasive blasting <input type="checkbox"/> chopping <input type="checkbox"/> cutting <input type="checkbox"/> drilling <input type="checkbox"/> welding <input type="checkbox"/> punch press operations <input checked="" type="checkbox"/> other: Applying product </div> <div style="width: 50%;"> <input type="checkbox"/> sanding <input type="checkbox"/> sawing <input type="checkbox"/> grinding <input type="checkbox"/> hammering </div> </div>	<p><u>Work-related exposure to:</u></p> <input checked="" type="checkbox"/> airborne dust <input type="checkbox"/> flying particles <input type="checkbox"/> blood splashes <input type="checkbox"/> hazardous liquid chemicals <input type="checkbox"/> intense light <input type="checkbox"/> other: _____	<p><u>Can hazard be eliminated without the use of PPE?</u> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p><u>If no, use:</u></p> <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Safety glasses <input type="checkbox"/> Safety goggles <input type="checkbox"/> Shading/Filter (#_____) <input type="checkbox"/> Welding shield <input type="checkbox"/> Other: _____ </div> <div> <input checked="" type="checkbox"/> Side shields <input type="checkbox"/> Dust-tight goggles </div> </div>
FACE		
<p><u>Work activities, such as:</u></p> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> cleaning <input type="checkbox"/> cooking <input type="checkbox"/> siphoning <input type="checkbox"/> painting <input type="checkbox"/> dip tank operations <input type="checkbox"/> other _____ </div> <div style="width: 50%;"> <input type="checkbox"/> foundry work <input type="checkbox"/> welding <input type="checkbox"/> mixing <input type="checkbox"/> pouring molten metal </div> </div>	<p><u>Work-related exposure to:</u></p> <input type="checkbox"/> hazardous liquid chemicals <input type="checkbox"/> extreme heat/cold <input type="checkbox"/> potential irritants: _____ <input type="checkbox"/> other: _____	<p><u>Can hazard be eliminated without the use of PPE?</u> Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><u>If no, use:</u></p> <input type="checkbox"/> Face shield <input type="checkbox"/> Shading/Filter (#_____) <input type="checkbox"/> Welding shield <input type="checkbox"/> Other: _____
HEAD		
<p><u>Work activities, such as:</u></p> <input type="checkbox"/> building maintenance <input type="checkbox"/> confined space operations <input type="checkbox"/> construction <input type="checkbox"/> electrical wiring <input type="checkbox"/> walking/working under catwalks <input type="checkbox"/> walking/working under conveyor belts <input type="checkbox"/> walking/working under crane loads <input type="checkbox"/> utility work <input type="checkbox"/> other: _____	<p><u>Work-related exposure to:</u></p> <input type="checkbox"/> beams <input type="checkbox"/> pipes <input type="checkbox"/> exposed electrical wiring or components <input type="checkbox"/> falling objects <input type="checkbox"/> machine parts <input type="checkbox"/> other: _____	<p><u>Can hazard be eliminated without the use of PPE?</u> Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><u>If no, use:</u></p> <input type="checkbox"/> Protective Helmet <div style="margin-left: 20px;"> <input type="checkbox"/> Type A (low voltage) <input type="checkbox"/> Type B (high voltage) <input type="checkbox"/> Type C <input type="checkbox"/> Bump cap (not ANSI-approved) </div> <input type="checkbox"/> Hair net or soft cap <input type="checkbox"/> Other: _____

HANDS/ARMSWork activities, such as:

- baking material handling
 cooking sanding
 grinding sawing
 welding hammering
 working with glass
 using computers
 using knives
 dental and health care services
 other: Applying product

Work-related exposure to:

- blood
 irritating chemicals
 tools or materials that could scrape, bruise, or cut
 extreme heat/cold
 other: _____

Can hazard be eliminated without the use of PPE?Yes No If no, use:

- Gloves
 Chemical resistance
 Liquid/leak resistance
 Temperature resistance
 Abrasion/cut resistance
 Slip resistance
 Protective sleeves
 Other: Long-sleeve shirt

FEET/LEGSWork activities, such as:

- building maintenance
 construction
 demolition
 food processing
 foundry work
 logging
 plumbing
 trenching
 use of highly flammable materials
 welding
 other: Applying product

Work-related exposure to:

- explosive atmospheres
 explosives
 exposed electrical wiring or components
 heavy equipment
 slippery surfaces
 tools
 other: irritating chemicals

Can hazard be eliminated without the use of PPE?Yes No If no, use:

- Safety shoes or boots
 Toe protection Metatarsal protection
 Electrical protection Heat/cold protection
 Puncture resistance Chemical resistance
 Anti-slip soles
 Leggings or chaps
 Foot-Leg guards
 Other: Long pants, shoes, and socks

BODY/SKINWork activities such as:

- baking or frying
 battery charging
 dip tank operations
 fiberglass installation
 irritating chemicals
 sawing
 other: _____

Work-related exposure to:

- chemical splashes
 extreme heat/cold
 sharp or rough edges
 other: _____

Can hazard be eliminated without the use of PPE?Yes No If no, use:

- Vest, Jacket
 Coveralls, Body suit
 Raingear
 Apron
 Welding leathers
 Abrasion/cut resistance
 Other: _____

BODY/WHOLE ¹Work activities such as:

- building maintenance
 construction
 logging
 utility work
 other: _____

Work-related exposure to:

- working from heights of 10 feet or more
 working near water
 other: _____

Can hazard be eliminated without the use of PPE?Yes No If no, use:

- Fall Arrest/Restraint: Type: _____
 PFD: Type: _____
 Other: _____

LUNGS/RESPIRATORY ¹Work activities such as:

- cleaning
 mixing
 painting
 fiberglass installation
 compressed air or gas operations
 other: Applying product in unventilated area
- pouring
 sawing

Work-related exposure to:

- irritating dust or particulate
 irritating or toxic gas/vapor
 other: _____

Can hazard be eliminated without the use of PPE?Yes No **EARS/HEARING ¹**Work activities such as:

- generator
 ventilation fans
 motors
 sanding
 pneumatic equipment
 punch or brake presses
 use of conveyors
 other: _____
- grinding
 machining
 routers
 sawing

Work-related exposure to:

- loud noises
 loud work environment
 noisy machines/tools
 punch or brake presses
 other: _____

Can hazard be eliminated without the use of PPE?Yes No

PPE Hazard Assessment Certification Form

*Name of work place: EcoShield

*Assessment conducted by: _____

*Work place address: _____

*Date of assessment: October 15, 2023

Work area(s): Customer Location

Job/Task(s): Prepare and apply Contrac All Weather Blox

*Required for certifying the hazard assessment.

Use a separate sheet for each job/task or work area

EYES		
<p><u>Work activities, such as:</u></p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> abrasive blasting <input type="checkbox"/> chopping <input type="checkbox"/> cutting <input type="checkbox"/> drilling <input type="checkbox"/> welding <input type="checkbox"/> punch press operations <input type="checkbox"/> other: _____ </div> <div style="width: 45%;"> <input type="checkbox"/> sanding <input type="checkbox"/> sawing <input type="checkbox"/> grinding <input type="checkbox"/> hammering </div> </div>	<p><u>Work-related exposure to:</u></p> <input type="checkbox"/> airborne dust <input type="checkbox"/> flying particles <input type="checkbox"/> blood splashes <input type="checkbox"/> hazardous liquid chemicals <input type="checkbox"/> intense light <input type="checkbox"/> other: _____	<p><u>Can hazard be eliminated without the use of PPE?</u> Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><u>If no, use:</u></p> <div style="display: flex; justify-content: space-between;"> <div style="width: 70%;"> <input type="checkbox"/> Safety glasses <input type="checkbox"/> Safety goggles <input type="checkbox"/> Shading/Filter (#_____) <input type="checkbox"/> Welding shield <input type="checkbox"/> Other: _____ </div> <div style="width: 25%;"> <input type="checkbox"/> Side shields <input type="checkbox"/> Dust-tight goggles </div> </div>
FACE		
<p><u>Work activities, such as:</u></p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> cleaning <input type="checkbox"/> cooking <input type="checkbox"/> siphoning <input type="checkbox"/> painting <input type="checkbox"/> dip tank operations <input type="checkbox"/> other _____ </div> <div style="width: 45%;"> <input type="checkbox"/> foundry work <input type="checkbox"/> welding <input type="checkbox"/> mixing <input type="checkbox"/> pouring molten metal </div> </div>	<p><u>Work-related exposure to:</u></p> <input type="checkbox"/> hazardous liquid chemicals <input type="checkbox"/> extreme heat/cold <input type="checkbox"/> potential irritants: _____ <input type="checkbox"/> other: _____	<p><u>Can hazard be eliminated without the use of PPE?</u> Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><u>If no, use:</u></p> <input type="checkbox"/> Face shield <input type="checkbox"/> Shading/Filter (#_____) <input type="checkbox"/> Welding shield <input type="checkbox"/> Other: _____
HEAD		
<p><u>Work activities, such as:</u></p> <input type="checkbox"/> building maintenance <input type="checkbox"/> confined space operations <input type="checkbox"/> construction <input type="checkbox"/> electrical wiring <input type="checkbox"/> walking/working under catwalks <input type="checkbox"/> walking/working under conveyor belts <input type="checkbox"/> walking/working under crane loads <input type="checkbox"/> utility work <input type="checkbox"/> other: _____	<p><u>Work-related exposure to:</u></p> <input type="checkbox"/> beams <input type="checkbox"/> pipes <input type="checkbox"/> exposed electrical wiring or components <input type="checkbox"/> falling objects <input type="checkbox"/> machine parts <input type="checkbox"/> other: _____	<p><u>Can hazard be eliminated without the use of PPE?</u> Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><u>If no, use:</u></p> <input type="checkbox"/> Protective Helmet <div style="margin-left: 20px;"> <input type="checkbox"/> Type A (low voltage) <input type="checkbox"/> Type B (high voltage) <input type="checkbox"/> Type C <input type="checkbox"/> Bump cap (not ANSI-approved) </div> <input type="checkbox"/> Hair net or soft cap <input type="checkbox"/> Other: _____

HANDS/ARMS		
<p><u>Work activities, such as:</u></p> <input type="checkbox"/> baking <input type="checkbox"/> material handling <input type="checkbox"/> cooking <input type="checkbox"/> sanding <input type="checkbox"/> grinding <input type="checkbox"/> sawing <input type="checkbox"/> welding <input type="checkbox"/> hammering <input type="checkbox"/> working with glass <input type="checkbox"/> using computers <input type="checkbox"/> using knives <input type="checkbox"/> dental and health care services <input checked="" type="checkbox"/> other: <u>Applying product</u>	<p><u>Work-related exposure to:</u></p> <input type="checkbox"/> blood <input checked="" type="checkbox"/> irritating chemicals <input type="checkbox"/> tools or materials that could scrape, bruise, or cut <input type="checkbox"/> extreme heat/cold <input type="checkbox"/> other: _____	<p><u>Can hazard be eliminated without the use of PPE?</u> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p><u>If no, use:</u></p> <input checked="" type="checkbox"/> Gloves <input checked="" type="checkbox"/> Chemical resistance <input type="checkbox"/> Liquid/leak resistance <input type="checkbox"/> Temperature resistance <input type="checkbox"/> Abrasion/cut resistance <input type="checkbox"/> Slip resistance <input type="checkbox"/> Protective sleeves <input checked="" type="checkbox"/> Other: <u>Long-sleeve shirt</u>
FEET/LEGS		
<p><u>Work activities, such as:</u></p> <input type="checkbox"/> building maintenance <input type="checkbox"/> construction <input type="checkbox"/> demolition <input type="checkbox"/> food processing <input type="checkbox"/> foundry work <input type="checkbox"/> logging <input type="checkbox"/> plumbing <input type="checkbox"/> trenching <input type="checkbox"/> use of highly flammable materials <input type="checkbox"/> welding <input checked="" type="checkbox"/> other: <u>Applying product</u>	<p><u>Work-related exposure to:</u></p> <input type="checkbox"/> explosive atmospheres <input type="checkbox"/> explosives <input type="checkbox"/> exposed electrical wiring or components <input type="checkbox"/> heavy equipment <input type="checkbox"/> slippery surfaces <input type="checkbox"/> tools <input checked="" type="checkbox"/> other: <u>irritating chemicals</u>	<p><u>Can hazard be eliminated without the use of PPE?</u> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p><u>If no, use:</u></p> <input type="checkbox"/> Safety shoes or boots <input type="checkbox"/> Toe protection <input type="checkbox"/> Metatarsal protection <input type="checkbox"/> Electrical protection <input type="checkbox"/> Heat/cold protection <input type="checkbox"/> Puncture resistance <input type="checkbox"/> Chemical resistance <input type="checkbox"/> Anti-slip soles <input type="checkbox"/> Leggings or chaps <input type="checkbox"/> Foot-Leg guards <input checked="" type="checkbox"/> Other: <u>Long pants, shoes, and socks</u>
BODY/SKIN		
<p><u>Work activities such as:</u></p> <input type="checkbox"/> baking or frying <input type="checkbox"/> battery charging <input type="checkbox"/> dip tank operations <input type="checkbox"/> fiberglass installation <input type="checkbox"/> irritating chemicals <input type="checkbox"/> sawing <input type="checkbox"/> other: _____	<p><u>Work-related exposure to:</u></p> <input type="checkbox"/> chemical splashes <input type="checkbox"/> extreme heat/cold <input type="checkbox"/> sharp or rough edges <input type="checkbox"/> other: _____	<p><u>Can hazard be eliminated without the use of PPE?</u> Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><u>If no, use:</u></p> <input type="checkbox"/> Vest, Jacket <input type="checkbox"/> Coveralls, Body suit <input type="checkbox"/> Raingear <input type="checkbox"/> Apron <input type="checkbox"/> Welding leathers <input type="checkbox"/> Abrasion/cut resistance <input type="checkbox"/> Other: _____

BODY/WHOLE ¹Work activities such as:

- building maintenance
- construction
- logging
- utility work
- other: _____

Work-related exposure to:

- working from heights of 10 feet or more
- working near water
- other: _____

Can hazard be eliminated without the use of PPE?Yes No If no, use:

- Fall Arrest/Restraint: Type: _____
- PFD: Type: _____
- Other: _____

LUNGS/RESPIRATORY ¹Work activities such as:

- cleaning
- mixing
- painting
- fiberglass installation
- compressed air or gas operations
- other: _____
- pouring
- sawing

Work-related exposure to:

- irritating dust or particulate
- irritating or toxic gas/vapor
- other: _____

Can hazard be eliminated without the use of PPE?Yes No **EARS/HEARING ¹**Work activities such as:

- generator
- ventilation fans
- motors
- sanding
- pneumatic equipment
- punch or brake presses
- use of conveyors
- other: _____
- grinding
- machining
- routers
- sawing

Work-related exposure to:

- loud noises
- loud work environment
- noisy machines/tools
- punch or brake presses
- other: _____

Can hazard be eliminated without the use of PPE?Yes No

PPE Hazard Assessment Certification Form

*Name of work place: EcoShield

*Assessment conducted by: _____

*Work place address: _____

*Date of assessment: October 15, 2023

Work area(s): Customer Location

Job/Task(s): Prepare and apply DeltaDust

*Required for certifying the hazard assessment.

Use a separate sheet for each job/task or work area

EYES		
<p><u>Work activities, such as:</u></p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> abrasive blasting <input type="checkbox"/> chopping <input type="checkbox"/> cutting <input type="checkbox"/> drilling <input type="checkbox"/> welding <input type="checkbox"/> punch press operations <input checked="" type="checkbox"/> other: <u>Spraying</u> </div> <div style="width: 45%;"> <input type="checkbox"/> sanding <input type="checkbox"/> sawing <input type="checkbox"/> grinding <input type="checkbox"/> hammering </div> </div>	<p><u>Work-related exposure to:</u></p> <input checked="" type="checkbox"/> airborne dust <input type="checkbox"/> flying particles <input type="checkbox"/> blood splashes <input type="checkbox"/> hazardous liquid chemicals <input type="checkbox"/> intense light <input type="checkbox"/> other: _____	<p><u>Can hazard be eliminated without the use of PPE?</u> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p><u>If no, use:</u></p> <div style="display: flex; justify-content: space-between;"> <div style="width: 70%;"> <input checked="" type="checkbox"/> Safety glasses <input type="checkbox"/> Safety goggles <input type="checkbox"/> Shading/Filter (#_____) <input type="checkbox"/> Welding shield <input type="checkbox"/> Other: _____ </div> <div style="width: 25%;"> <input checked="" type="checkbox"/> Side shields <input type="checkbox"/> Dust-tight goggles </div> </div>
FACE		
<p><u>Work activities, such as:</u></p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> cleaning <input type="checkbox"/> cooking <input type="checkbox"/> siphoning <input type="checkbox"/> painting <input type="checkbox"/> dip tank operations <input type="checkbox"/> other _____ </div> <div style="width: 45%;"> <input type="checkbox"/> foundry work <input type="checkbox"/> welding <input type="checkbox"/> mixing <input type="checkbox"/> pouring molten metal </div> </div>	<p><u>Work-related exposure to:</u></p> <input type="checkbox"/> hazardous liquid chemicals <input type="checkbox"/> extreme heat/cold <input type="checkbox"/> potential irritants: _____ <input type="checkbox"/> other: _____	<p><u>Can hazard be eliminated without the use of PPE?</u> Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><u>If no, use:</u></p> <input type="checkbox"/> Face shield <input type="checkbox"/> Shading/Filter (#_____) <input type="checkbox"/> Welding shield <input type="checkbox"/> Other: _____
HEAD		
<p><u>Work activities, such as:</u></p> <input type="checkbox"/> building maintenance <input type="checkbox"/> confined space operations <input type="checkbox"/> construction <input type="checkbox"/> electrical wiring <input type="checkbox"/> walking/working under catwalks <input type="checkbox"/> walking/working under conveyor belts <input type="checkbox"/> walking/working under crane loads <input type="checkbox"/> utility work <input type="checkbox"/> other: _____	<p><u>Work-related exposure to:</u></p> <input type="checkbox"/> beams <input type="checkbox"/> pipes <input type="checkbox"/> exposed electrical wiring or components <input type="checkbox"/> falling objects <input type="checkbox"/> machine parts <input type="checkbox"/> other: _____	<p><u>Can hazard be eliminated without the use of PPE?</u> Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><u>If no, use:</u></p> <input type="checkbox"/> Protective Helmet <div style="margin-left: 20px;"> <input type="checkbox"/> Type A (low voltage) <input type="checkbox"/> Type B (high voltage) <input type="checkbox"/> Type C <input type="checkbox"/> Bump cap (not ANSI-approved) </div> <input type="checkbox"/> Hair net or soft cap <input type="checkbox"/> Other: _____

HANDS/ARMSWork activities, such as:

- baking material handling
 cooking sanding
 grinding sawing
 welding hammering
 working with glass
 using computers
 using knives
 dental and health care services
 other: Spraying

Work-related exposure to:

- blood
 irritating chemicals
 tools or materials that could scrape, bruise, or cut
 extreme heat/cold
 other: _____

Can hazard be eliminated without the use of PPE?Yes No If no, use:

- Gloves
 Chemical resistance
 Liquid/leak resistance
 Temperature resistance
 Abrasion/cut resistance
 Slip resistance
 Protective sleeves
 Other: _____

FEET/LEGSWork activities, such as:

- building maintenance
 construction
 demolition
 food processing
 foundry work
 logging
 plumbing
 trenching
 use of highly flammable materials
 welding
 other: _____

Work-related exposure to:

- explosive atmospheres
 explosives
 exposed electrical wiring or components
 heavy equipment
 slippery surfaces
 tools
 other: _____

Can hazard be eliminated without the use of PPE?Yes No If no, use:

- Safety shoes or boots
 Toe protection Metatarsal protection
 Electrical protection Heat/cold protection
 Puncture resistance Chemical resistance
 Anti-slip soles
 Leggings or chaps
 Foot-Leg guards
 Other: _____

BODY/SKINWork activities such as:

- baking or frying
 battery charging
 dip tank operations
 fiberglass installation
 irritating chemicals
 sawing
 other: _____

Work-related exposure to:

- chemical splashes
 extreme heat/cold
 sharp or rough edges
 other: _____

Can hazard be eliminated without the use of PPE?Yes No If no, use:

- Vest, Jacket
 Coveralls, Body suit
 Raingear
 Apron
 Welding leathers
 Abrasion/cut resistance
 Other: _____

BODY/WHOLE ¹Work activities such as:

- building maintenance
- construction
- logging
- utility work
- other: _____

Work-related exposure to:

- working from heights of 10 feet or more
- working near water
- other: _____

Can hazard be eliminated without the use of PPE?Yes No If no, use:

- Fall Arrest/Restraint: Type: _____
- PFD: Type: _____
- Other: _____

LUNGS/RESPIRATORY ¹Work activities such as:

- cleaning
 - mixing
 - painting
 - fiberglass installation
 - compressed air or gas operations
 - other: Spraying in unventilated areas
- pouring
 - sawing

Work-related exposure to:

- irritating dust or particulate
- irritating or toxic gas/vapor
- other: _____

Can hazard be eliminated without the use of PPE?Yes No **EARS/HEARING ¹**Work activities such as:

- generator
 - ventilation fans
 - motors
 - sanding
 - pneumatic equipment
 - punch or brake presses
 - use of conveyors
 - other: _____
- grinding
 - machining
 - routers
 - sawing

Work-related exposure to:

- loud noises
- loud work environment
- noisy machines/tools
- punch or brake presses
- other: _____

Can hazard be eliminated without the use of PPE?Yes No

PPE Hazard Assessment Certification Form

*Name of work place: EcoShield

*Assessment conducted by: _____

*Work place address: _____

*Date of assessment: October 15, 2023

Work area(s): Customer Location

Job/Task(s): Prepare and apply Fuse

*Required for certifying the hazard assessment.

Use a separate sheet for each job/task or work area

EYES		
<p><u>Work activities, such as:</u></p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> abrasive blasting <input type="checkbox"/> chopping <input type="checkbox"/> cutting <input type="checkbox"/> drilling <input type="checkbox"/> welding <input type="checkbox"/> punch press operations <input type="checkbox"/> other: _____ </div> <div style="width: 45%;"> <input type="checkbox"/> sanding <input type="checkbox"/> sawing <input type="checkbox"/> grinding <input type="checkbox"/> hammering </div> </div>	<p><u>Work-related exposure to:</u></p> <input type="checkbox"/> airborne dust <input type="checkbox"/> flying particles <input type="checkbox"/> blood splashes <input type="checkbox"/> hazardous liquid chemicals <input type="checkbox"/> intense light <input type="checkbox"/> other: _____	<p><u>Can hazard be eliminated without the use of PPE?</u> Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><u>If no, use:</u></p> <div style="display: flex; justify-content: space-between;"> <div style="width: 70%;"> <input type="checkbox"/> Safety glasses <input type="checkbox"/> Safety goggles <input type="checkbox"/> Shading/Filter (#_____) <input type="checkbox"/> Welding shield <input type="checkbox"/> Other: _____ </div> <div style="width: 25%;"> <input type="checkbox"/> Side shields <input type="checkbox"/> Dust-tight goggles </div> </div>
FACE		
<p><u>Work activities, such as:</u></p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> cleaning <input type="checkbox"/> cooking <input type="checkbox"/> siphoning <input type="checkbox"/> painting <input type="checkbox"/> dip tank operations <input type="checkbox"/> other _____ </div> <div style="width: 45%;"> <input type="checkbox"/> foundry work <input type="checkbox"/> welding <input type="checkbox"/> mixing <input type="checkbox"/> pouring molten metal </div> </div>	<p><u>Work-related exposure to:</u></p> <input type="checkbox"/> hazardous liquid chemicals <input type="checkbox"/> extreme heat/cold <input type="checkbox"/> potential irritants: _____ <input type="checkbox"/> other: _____	<p><u>Can hazard be eliminated without the use of PPE?</u> Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><u>If no, use:</u></p> <input type="checkbox"/> Face shield <input type="checkbox"/> Shading/Filter (#_____) <input type="checkbox"/> Welding shield <input type="checkbox"/> Other: _____
HEAD		
<p><u>Work activities, such as:</u></p> <input type="checkbox"/> building maintenance <input type="checkbox"/> confined space operations <input type="checkbox"/> construction <input type="checkbox"/> electrical wiring <input type="checkbox"/> walking/working under catwalks <input type="checkbox"/> walking/working under conveyor belts <input type="checkbox"/> walking/working under crane loads <input type="checkbox"/> utility work <input type="checkbox"/> other: _____	<p><u>Work-related exposure to:</u></p> <input type="checkbox"/> beams <input type="checkbox"/> pipes <input type="checkbox"/> exposed electrical wiring or components <input type="checkbox"/> falling objects <input type="checkbox"/> machine parts <input type="checkbox"/> other: _____	<p><u>Can hazard be eliminated without the use of PPE?</u> Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><u>If no, use:</u></p> <input type="checkbox"/> Protective Helmet <div style="margin-left: 20px;"> <input type="checkbox"/> Type A (low voltage) <input type="checkbox"/> Type B (high voltage) <input type="checkbox"/> Type C <input type="checkbox"/> Bump cap (not ANSI-approved) </div> <input type="checkbox"/> Hair net or soft cap <input type="checkbox"/> Other: _____

HANDS/ARMS		
<p><u>Work activities, such as:</u></p> <input type="checkbox"/> baking <input type="checkbox"/> material handling <input type="checkbox"/> cooking <input type="checkbox"/> sanding <input type="checkbox"/> grinding <input type="checkbox"/> sawing <input type="checkbox"/> welding <input type="checkbox"/> hammering <input type="checkbox"/> working with glass <input type="checkbox"/> using computers <input type="checkbox"/> using knives <input type="checkbox"/> dental and health care services <input checked="" type="checkbox"/> other: <u>Applying product</u>	<p><u>Work-related exposure to:</u></p> <input type="checkbox"/> blood <input checked="" type="checkbox"/> irritating chemicals <input type="checkbox"/> tools or materials that could scrape, bruise, or cut <input type="checkbox"/> extreme heat/cold <input type="checkbox"/> other: _____	<p><u>Can hazard be eliminated without the use of PPE?</u> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p><u>If no, use:</u></p> <input checked="" type="checkbox"/> Gloves <input checked="" type="checkbox"/> Chemical resistance <input type="checkbox"/> Liquid/leak resistance <input type="checkbox"/> Temperature resistance <input type="checkbox"/> Abrasion/cut resistance <input type="checkbox"/> Slip resistance <input type="checkbox"/> Protective sleeves <input checked="" type="checkbox"/> Other: <u>Long-sleeve shirt</u>
FEET/LEGS		
<p><u>Work activities, such as:</u></p> <input type="checkbox"/> building maintenance <input type="checkbox"/> construction <input type="checkbox"/> demolition <input type="checkbox"/> food processing <input type="checkbox"/> foundry work <input type="checkbox"/> logging <input type="checkbox"/> plumbing <input type="checkbox"/> trenching <input type="checkbox"/> use of highly flammable materials <input type="checkbox"/> welding <input checked="" type="checkbox"/> other: <u>Applying product</u>	<p><u>Work-related exposure to:</u></p> <input type="checkbox"/> explosive atmospheres <input type="checkbox"/> explosives <input type="checkbox"/> exposed electrical wiring or components <input type="checkbox"/> heavy equipment <input type="checkbox"/> slippery surfaces <input type="checkbox"/> tools <input checked="" type="checkbox"/> other: <u>irritating chemicals</u>	<p><u>Can hazard be eliminated without the use of PPE?</u> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p><u>If no, use:</u></p> <input type="checkbox"/> Safety shoes or boots <input type="checkbox"/> Toe protection <input type="checkbox"/> Metatarsal protection <input type="checkbox"/> Electrical protection <input type="checkbox"/> Heat/cold protection <input type="checkbox"/> Puncture resistance <input type="checkbox"/> Chemical resistance <input type="checkbox"/> Anti-slip soles <input type="checkbox"/> Leggings or chaps <input type="checkbox"/> Foot-Leg guards <input checked="" type="checkbox"/> Other: <u>Long pants, shoes, and socks</u>
BODY/SKIN		
<p><u>Work activities such as:</u></p> <input type="checkbox"/> baking or frying <input type="checkbox"/> battery charging <input type="checkbox"/> dip tank operations <input type="checkbox"/> fiberglass installation <input type="checkbox"/> irritating chemicals <input type="checkbox"/> sawing <input type="checkbox"/> other: _____	<p><u>Work-related exposure to:</u></p> <input type="checkbox"/> chemical splashes <input type="checkbox"/> extreme heat/cold <input type="checkbox"/> sharp or rough edges <input type="checkbox"/> other: _____	<p><u>Can hazard be eliminated without the use of PPE?</u> Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><u>If no, use:</u></p> <input type="checkbox"/> Vest, Jacket <input type="checkbox"/> Coveralls, Body suit <input type="checkbox"/> Raingear <input type="checkbox"/> Apron <input type="checkbox"/> Welding leathers <input type="checkbox"/> Abrasion/cut resistance <input type="checkbox"/> Other: _____

BODY/WHOLE ¹Work activities such as:

- building maintenance
- construction
- logging
- utility work
- other: _____

Work-related exposure to:

- working from heights of 10 feet or more
- working near water
- other: _____

Can hazard be eliminated without the use of PPE?Yes No If no, use:

- Fall Arrest/Restraint: Type: _____
- PFD: Type: _____
- Other: _____

LUNGS/RESPIRATORY ¹Work activities such as:

- cleaning
- mixing
- painting
- fiberglass installation
- compressed air or gas operations
- other: _____
- pouring
- sawing

Work-related exposure to:

- irritating dust or particulate
- irritating or toxic gas/vapor
- other: _____

Can hazard be eliminated without the use of PPE?Yes No **EARS/HEARING ¹**Work activities such as:

- generator
- ventilation fans
- motors
- sanding
- pneumatic equipment
- punch or brake presses
- use of conveyors
- other: _____
- grinding
- machining
- routers
- sawing

Work-related exposure to:

- loud noises
- loud work environment
- noisy machines/tools
- punch or brake presses
- other: _____

Can hazard be eliminated without the use of PPE?Yes No