

LOCATION			
Company:		Dept.:	
Address:		Person In Charge:	
Address:		Phone #:	
City/State/Zip		Fax #:	

Answer the following questions as accurately as possible based on walk through (preferred), or by interviewing corporate safety officer.

SITE EVALUATION			
	QUESTIONS	SAMPLE ACTIVITIES	RESULTING HAZARD
Y N	Do you see any sources of motion; (ie. machinery, processes) that could result in collision with stationary objects?	sawing, drilling, riveting	Impact from flying fragments, objects
Y N	Does the layout of the workplace and/or location of co-workers present a potential risk of injury?	working under conveyor belts, working below other workers	Impact from flying fragments, objects
Y N	Do you observe any sources of sharp objects which might pierce the feet or cut the hands?	staple gun, woodworking, construction, repair	Penetration of nails, screws, sheet metal
Y N	Are there any sources of falling objects, or potential for dropping objects?	packages, objects, parts, heavy tools	Compression or 'roll-over' of paper rolls, sheet metal rolls, pipes
Y N	Do you observe any sources of rolling or pinching objects which could crush the feet?	bulk rolls being stored, used in production	Compression or 'roll-over' of paper rolls, sheet metal rolls, pipes
Y N	Is there actual or potential exposure to chemicals?	degreasing chemicals, acids, plating materials	*Chemical splashes, irritating mists, direct contact with chemicals
Y N	Are there any sources of high temperatures that could cause burns, eye injury or ignition of protective equipment?	welding, casting	Heat , ie. hot sparks, splash, hot surfaces, open flame
Y N	Are there any sources of harmful dusts?	sanding, grinding, general dusty conditions	Harmful dusts , ie. sand, sawdust, nuisance dust
Y N	Do you observe any sources of light radiation?	welding, furnaces, heat treating, high intensity lighting	Light (optical) Radiation , ie. intense radiation, glare
Y N	Are any electrical hazards present?	electricians, electrical repair	Electrical hazards including working with hot wires, conductors
Y N	Have there been any injuries/accidents documented in the last calendar year?	Evaluator should review data to identify potential problem areas. Note on separate page(s) & attach to this form.	

** If there are any chemical hazards present you must complete this section.*

CHEMICAL HAZARDS				
CHEMICAL	PROCESS/SOURCE	HAZARD	AFFECTED AREA (mark all that apply)	
			eye/face	head hand foot
			eye/face	head hand foot
			eye/face	head hand foot
			eye/face	head hand foot

Please use the chart below to indicate what area is affected by the identified hazards.

HAZARD SUMMARY					
HAZARD	Eye/Face	HEAD	HAND	FOOT	NOTES:
Impact					
Penetration					
Compression					
Chemical					
Heat					
Harmful Dusts					
Light Radiation					
Electrical					
Past Incidents					

Evaluator: _____
(please print)

For more information please call your Argus representative toll-free at

(800)873-0456

Date: _____

EYE/FACE PROTECTION

HAZARD	LEVEL OF RISK	SERIOUSNESS OF POTENTIAL INJURY	RECOMMENDED PPE
	L M H	L M H	
	L M H	L M H	
	L M H	L M H	
	L M H	L M H	

Notes:

HEAD PROTECTION

HAZARD	LEVEL OF RISK	SERIOUSNESS OF POTENTIAL INJURY	RECOMMENDED PPE
	L M H	L M H	
	L M H	L M H	
	L M H	L M H	
	L M H	L M H	

Notes:

HAND PROTECTION

HAZARD	LEVEL OF RISK	SERIOUSNESS OF POTENTIAL INJURY	RECOMMENDED PPE
	L M H	L M H	
	L M H	L M H	
	L M H	L M H	
	L M H	L M H	

Notes:

FOOT PROTECTION

HAZARD	LEVEL OF RISK	SERIOUSNESS OF POTENTIAL INJURY	RECOMMENDED PPE
	L M H	L M H	
	L M H	L M H	
	L M H	L M H	
	L M H	L M H	

Notes:

WRITTEN PROGRAM

	QUESTIONS
Y N	Have Personal Protective Equipment (PPE) needs been identified for the organization?
Y N	Is there currently a written PPE program in place which governs the proper use and conservation of PPE by employees?
Y N	Is personal protective equipment available/provided to employees?
Y N	Are items of personal protective equipment regularly maintained and in good condition?
Y N	Is the wearing of the equipment, protective device or clothing by the employee consistently enforced?
Y N	Are proper storage and cleaning facilities for personal protective equipment provided?
Y N	Are employees properly instructed in the need for and use, cleaning and maintenance of PPE, and is a record made of that instruction?
Y N	Are supervisors required to check personal protective equipment to see that it is in serviceable condition.
Y N	Are employees required to return used or damaged personal protective equipment to receive a re-issue?
Y N	Is the issuance of PPE to employees recorded?
Y N	Is there a written procedure that enables a supervisor to take disciplinary action for violation of established PPE standards?

Notes: