Workplace Hazard Assessment Certification

Instructions: Complete table, retain one copy for departmental records and forward one copy to Environmental Health and Safety MS-9070.

Department: _____ Hazard Assessment Certified By: _____ Date:_____

☐ **Personal Protective Equipment Not Required**

Date of Hazard Assessment	Person Conducting Assessment	Phone Number	Location of Assessment (Bldg/Rm)	Work Activity Assessed	Hazard Identified	PPE Selected (Manufacturer/Model Number)