

Laboratory Personal Protective Equipment (PPE) Assessment

Laboratory Name/Location:

Assessment Date:

Assessor Name:

Principal Investigator/Supervisor:

Description of Laboratory Activities/Processes:

Identified Hazards (check all that apply):

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Chemicals

☐

Biological Agents

☐

Radiation

☐

Heat

☐

Mechanical

☐

Other

PPE Assessment Table:

Hazard	PPE Required	Provided (Y/N)	Notes
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Additional Comments or Recommendations:

Assessor Signature:

Date: