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|---|---------------------|------------------------|-------------------------|
| Form Number<br>LLCF-091                                       | Issue Date 05/20/10 | Revision Date 06/15/21 | Form Number<br>LLCF-091 |
| <b>Hazard Assessment Certification and Communication Form</b> |                     |                        |                         |

Date: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Company: \_\_\_\_\_ Location: \_\_\_\_\_

Job #: \_\_\_\_\_ Product in Tank: \_\_\_\_\_

## Hazard Assessment

- |                                    |  |   |
|------------------------------------|--|---|
| <input type="checkbox"/> Flammable | <input type="checkbox"/> Toxic             | <input type="checkbox"/> Noise                |
| <input type="checkbox"/> Corrosive | <input type="checkbox"/> NORM              | <input type="checkbox"/> Heat / Cold extremes |
| <input type="checkbox"/> Reactive  | <input type="checkbox"/> Falls over 6 feet | Other _____                                   |

## Personal Protective Equipment Required

- |  |   |
|--|---|
| <input type="checkbox"/> Air Purifying Respirator<br>Type _____  | <input type="checkbox"/> Face Shield  |
| <input type="checkbox"/> Supplied Air Respirator<br>Type _____   | <input type="checkbox"/> Goggles  |
| <input type="checkbox"/> Steel Toe Boots <input type="checkbox"/> PVC <input type="checkbox"/> Other _____ | <input type="checkbox"/> Full Body Harness <input type="checkbox"/> with Lifeline |
| <input type="checkbox"/> Gloves <input type="checkbox"/> PVC <input type="checkbox"/> Other _____          | <input type="checkbox"/> Hearing Protection                                       |
| <input type="checkbox"/> Rainsuits <input type="checkbox"/> PVC <input type="checkbox"/> Other _____       | <input type="checkbox"/> Fire Resistant Clothing                                  |
| <input type="checkbox"/> Hard-hat  | <input type="checkbox"/> NORM Personnel Badges                                    |
| <input type="checkbox"/> Safety Glasses  | Other _____   |
|  | _____   |
|  | _____   |

When MUDD-X is used, crimped hose shall be used.

Special Precautions: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

MSDS Covered: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I certify that the hazard assessment and personal protective equipment requirements above are representative of the job being conducted. Supervisor's signature: \_\_\_\_\_

Crew signatures: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_