

Form Number LLCF-091	Issue Date 05/20/10	Revision Date 06/15/23	Form Number LLCF-091
	Hazard Assessment Certification and Communication Form		

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
Type _____ | <input type="checkbox"/> Face Shield |
| <input type="checkbox"/> Supplied Air Respirator
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: _____

