

Job Task (Describe the specific task of being performed):

Location (Specify the work area or Site):

Date (DD/MM/YYYY):

Conducted by (Name and Title):

Step 1: Identify Hazards (Check all that apply):

- Flying debris or particles (grinding, cutting, drilling, sanding)
- Chemical splashes or vapors (handling chemicals, cleaning)
- Radiation exposure (welding, lasers, UV light)
- Dust or airborne contaminants (construction, landscaping)
- Impact hazards (falling objects, moving machinery)
- Other: (Specify)

Step 2: Assess Risk Level (Consider severity and likelihood of injury):

- **Low:** Minor irritation, unlikely to cause lasting harm
- **Moderate:** Potential for temporary injury requiring treatment
- **High:** Severe injury or permanent damage possible

Risk Level for this task: Low Moderate High

Step 3: Select Proper PPE (Choose appropriate eye protection):

- Safety glasses with side shields (General impact protection)
- Goggles (Chemical splash protection)
- Face shield (High-impact or chemical splash protection)
- Welding helmet with proper shade (For welding tasks)
- Prescription safety glasses (For vision correction with protection)
- Other: (Specify)



Step 4: Verify Additional Controls (Check if additional safety measures are required):

- Machine guards or barriers in place
- Proper ventilation or fume extraction
- Training provided on PPE use and maintenance
- Emergency eyewash station accessible
- Housekeeping measures to reduce hazards
- Other: (Specify)

Step 5: Worker Acknowledgment:

I acknowledge that I have reviewed the eye safety hazards, selected the proper PPE, and understand the controls in place for this job task.

Worker Name: _____

Signature: _____

Date: _____

Step 6: Supervisor Review (Supervisor Comments/Recommendations):

Supervisor Name: _____

Signature: _____

Date: _____