

Certification of Safety-Related Personal Protective Equipment Hazard Assessment

Employer: _____

Location*: _____

(or type of work for employees not assigned to a fixed location)*

Workplace _____

Assessed/

Evaluated: _____

Dates(s): _____

Name of Person Assessing/Evaluating: _____

*This document certifies that the hazard assessment has been performed as required by
MIOSHA General Industry Safety Standards, Part 33,
Personal Protective Equipment.*

Signature of Person Certifying: _____ /

(Date)

