

University of California, Davis  
Health System, Sacramento  
Department of Pathology and Laboratory Medicine

**PERSONAL PROTECTIVE EQUIPMENT FORM**

**Administrative Procedures 276.A**

**DEPARTMENT OF PATHOLOGY AND LABORATORY MEDICINE  
HAZARD ASSESSMENT and PERSONAL PROTECTIVE EQUIPMENT SELECTION**

Note: you do not need to address hazards already adequately addressed in the overall UCDHS assessment

**Performed by** \_\_\_\_\_ **Date** \_\_\_\_\_

**Lab Section/Unit and locations covered by the assessment** \_\_\_\_\_

HAZARDS OR PROCESSES WITH THE POTENTIAL TO CAUSE INJURY	SELECTED PROTECTIVE EQUIPMENT

**CERTIFICATION OF HAZARD ASSESSMENT**

**NAME, TITLE, DATE:**

---