Personal Protective Equipment (PPE) Selection Worksheet
(to be completed after Laboratory Safety SOP)

Job Title:_____ Date:_____

Department:_____ Supervisor:_____

Location:_____ Analysis By:_____

Employee Name(s):_____ Signature:_____

Tasks	Hazards	Required PPE

NOTE: For glove selection for a particular hazard, please refer to the specific glove manufacturer's selection chart.