Non-Routine Task - *Protective Measures Determination*

Job Title:	**Name of Task:**	
Date Conducted: 199	**Related Operating Procedures Reviewed:** ☐ Yes ☐ No	**All Affected Employees Notified:** ☐ Yes ☐ No

HAZARDS AND PERSONAL PROTECTIVE EQUIPMENT: (Indicate Specific Hazards with Initials)

Initials	Hazard	Remarks/Recommendations		PPE/Safety Equipment Needed
	Oxygen deficiency:	(less than 19.5%)		
	Oxygen enrichment:	(more than 23.5%)		
	Flammable gases or vapors:	(more than 10% of LEL)		
	Airborne combustible dust:	(meets or exceeds LFL)		
	Toxic gases or vapors:	(more than PEL)		
	Mechanical hazards:			
	Chemical hazards:			
	Respiratory hazards:			
	Engulfment hazards:			
	Fall hazards:			
	Skin hazards:			
	Noise hazards:			
	Confined spaces:	**PERMIT REQUIRED** ☐	Obtained ☐	
	Electrical hazards:	**PERMIT REQUIRED** ☐	Obtained ☐	
	Lock-Out Tag-Out:	**PERMIT REQUIRED** ☐	Obtained ☐	
	Welding/Hot/Burning:	**PERMIT REQUIRED** ☐	Obtained ☐	
	Pressure/Chemical Pipe Opening:	**PERMIT REQUIRED** ☐	Obtained ☐	

EMPLOYEE NOTIFICATION

I certify that I understand the hazards involved with the job and will comply with established safe work practices.

Employee Signature:	**Title/Employee #:**	**Date:**
Supervisor Signature:	**Title/Employee #:**	**Date:**

☐ Approved AUTHORIZATION

I certify that I have conducted a Protective Measures Determination of the above named Non-Routine Task and have detailed the findings on this form. *** Further detailed on reverse or attachment: ☐ Yes ☐ No**

Name:	**Signature:**	
Title:	**Date:**	**Time:**

FORM RETENTION INFORMATION		**ATTACHMENTS**
Permanent Retention File:	Location:	***Yes ☐ No ☐**
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