

Personal Protective Equipment (PPE)

I. PURPOSE

This program provides for the proper selection and use of Personal Protective Equipment (PPE) at the [insert facility name].

II. SCOPE

A PPE assessment must be conducted in all non-office environment work areas to identify physical and chemical hazards warranting PPE use when engineering, work practice and administrative controls are not feasible. PPE is barrier clothing or gear worn to protect the eyes, face, head, hands, feet, and body from identified hazards.

III. RESPONSIBILITIES/ROLES

[insert job title]

Reviews the requirements of the PPE standard, determines applicability to the site and assists in implementing the program requirements for this facility.

All Employees - Follow applicable program requirements and communicate with their supervisor when there are safety issues not specifically addressed by the hazard assessment.

IV. PROGRAM ELEMENTS

1. PPE Hazard Assessments

[insert job title(s)] will perform, document/certify that a PPE hazard assessment to identify hazards for each work task(s) has been conducted. [insert job title(s)] will also review this PPE hazard assessment when changes occur to the work task or work environment. A PPE hazard assessment will also be conducted for new equipment, processes, and tasks where new job hazards are introduced.

[insert job title(s)] will select appropriate PPE based upon any recognized Physical or Chemical Hazard. [a sample PPE Hazard Assessment is attached]

2. General PPE Requirements

If PPE is required when performing tasks in certain areas, the facility shall develop signage to indicate the PPE requirements. These signs should be posted at entrances to the applicable areas to remind employees, contractors, and visitors of the requirement to wear PPE while in this specific area.

[e.g. Signage that indicates the use of safety glasses in the wood shop]

3. Specific PPE Requirements

PPE needs are determined by the PPE hazard assessment, which considers hazards, current controls in place and additional protective requirements.

The facility will consider the following when evaluating PPE needs:

Eye and face protection when there is a potential to encounter hazards such as flying debris, chemical splashes and harmful light. Face shields used for splash protection must be used in conjunction with either safety glasses or goggles.

Head Protection may be required when there is a danger of injury from falling objects from above, fixed objects (i.e., low clearance) or electrical shock and burns.

Hand and arm protection may be required when skin may be exposed to harmful substances, chemical or thermal burns, electrical dangers, bruises, abrasions, cuts or punctures, fractures and amputations.

Torso protection may be required when exposed to hot splashes from molten metals or other hot liquids, impact from tools or machines or hazardous chemicals.

Hearing protection may be required when an employee is exposed to industrial noise above 85 dBA or electrical work involving an arc flash hazard.

4. Care, Maintenance, Use and Limitations of PPE

A. Care and Maintenance of PPE

1. Reusable PPE must be kept in plastic bags or storage lockers to promote cleanliness and prevent contamination or degradation.
2. Follow manufacturer's instructions in cleaning and maintaining reusable PPE.
3. Replace defective or damaged PPE immediately.
4. Discard defective or damaged PPE.

B. Use of PPE

1. [insert responsible parties] will ensure employees wear required and properly fitted PPE.
2. [insert responsible parties] will ensure PPE is used correctly for the intended application.
3. [insert responsible parties] will ensure employees understand how to inspect, don, doff, adjust and wear PPE.

C. Limitations of PPE

1. [insert responsible parties] will ensure employees understand PPE is designed for specific hazards; however, PPE must be evaluated to ensure it protects against the hazard as intended.
2. [insert responsible parties] will ensure employees understand that defective or damaged PPE can have a negative impact, such as dirty or scratched safety glasses or face shields can limit vision.

V. TRAINING

1. Initial and Annual Training

[insert responsible parties] will ensure awareness training will be provided to all employees upon initial assignment and annually thereafter. Training will cover general PPE requirements and relevant facility-specific PPE requirements. Awareness training documentation is maintained at [insert location or electronic file path][a sample training form is attached]

2. Retraining

[insert responsible parties] will ensure retraining for employees must be completed when changes in the workplace render previous training obsolete, or when the employee has not retained the required skills/knowledge needed.

SAMPLE

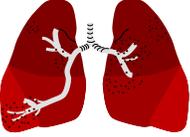
**Sample PPE Hazard Assessment/Certification Form
&
Employee Training Certification**

SAMPLE

Personal Protective Equipment (PPE) Hazard Assessment Survey and Analysis

The Following Hazards Have Been Noted

Part of Body	Hazard	Required PPE	Notes
<p>Hands</p> 	<ul style="list-style-type: none"> <input type="checkbox"/> Penetration-sharp objects <input type="checkbox"/> Penetration-animal bites <input type="checkbox"/> Penetration-rough objects <input type="checkbox"/> Chemical(s) _____ _____ <input type="checkbox"/> Extreme cold <input type="checkbox"/> Extreme heat <input type="checkbox"/> Blood or other body fluids <input type="checkbox"/> Electrical shock <input type="checkbox"/> Vibration-power tools <input type="checkbox"/> Other _____ 	<ul style="list-style-type: none"> <input type="checkbox"/> Leather/cut resistant gloves <input type="checkbox"/> Leather/cut resistant gloves <input type="checkbox"/> General purpose work gloves <input type="checkbox"/> Chemical resistant gloves; <input type="checkbox"/> Type _____ <input type="checkbox"/> Insulated gloves <input type="checkbox"/> Heat/flame resistant gloves <input type="checkbox"/> Latex or nitrile gloves <input type="checkbox"/> Insulated rubber gloves; <input type="checkbox"/> Type _____ <input type="checkbox"/> Cotton, leather or anti-vibration gloves <input type="checkbox"/> Other _____ 	
<p>Eyes and Face</p>  	<ul style="list-style-type: none"> <input type="checkbox"/> Impact-flying objects, chips, sand or dirt <input type="checkbox"/> Nuisance dust <input type="checkbox"/> UV light-welding, cutting, torch brazing or soldering <input type="checkbox"/> Chemical-splashing liquid <input type="checkbox"/> Chemical-irritating mists <input type="checkbox"/> Hot sparks-grinding <input type="checkbox"/> Splashing molten metal <input type="checkbox"/> Glare/High Intensity lights <input type="checkbox"/> Laser operations <input type="checkbox"/> Other _____ 	<ul style="list-style-type: none"> <input type="checkbox"/> Safety glasses w/side shields <input type="checkbox"/> Glasses/goggles w/face shield <input type="checkbox"/> Impact goggles <input type="checkbox"/> Welding goggles <input type="checkbox"/> Welding helmet/shield w/safety glasses & side shields <input type="checkbox"/> Chemical goggles/ face shield <input type="checkbox"/> Chemical splash goggles <input type="checkbox"/> Safety glasses w/side shields <input type="checkbox"/> Glasses/goggles w/face shield <input type="checkbox"/> Safety goggles w/face shield <input type="checkbox"/> Shaded safety glasses <input type="checkbox"/> Laser spectacles or goggles <input type="checkbox"/> Other _____ 	
<p>Ears</p> 	<ul style="list-style-type: none"> <input type="checkbox"/> Exposure to noise levels (> 85 dBA 8-hour TWA) <input type="checkbox"/> Exposure to sparks <input type="checkbox"/> Other _____ 	<ul style="list-style-type: none"> <input type="checkbox"/> Ear muffs, plugs or ear caps <input type="checkbox"/> Leather welding hood <input type="checkbox"/> Other _____ 	

Part of Body	Hazard	Required PPE	Notes
Respiratory System 	<input type="checkbox"/> Nuisance dust/mist <input type="checkbox"/> Welding fumes <input type="checkbox"/> Asbestos <input type="checkbox"/> Pesticides <input type="checkbox"/> Paint spray <input type="checkbox"/> Organic vapors <input type="checkbox"/> Acid gases <input type="checkbox"/> Oxygen deficient/toxic or IDLH atmosphere <input type="checkbox"/> Other _____	<input type="checkbox"/> Disposable dust/mist mask <input type="checkbox"/> Welding respirator <input type="checkbox"/> Respirator w/HEPA filter <input type="checkbox"/> Respirator w/pesticide cartridges <input type="checkbox"/> Respirator w/paint spray cartridges <input type="checkbox"/> Respirator w/organic cartridges <input type="checkbox"/> Respirator w/acid gas cartridges <input type="checkbox"/> SCBA or Type C airline respirator <input type="checkbox"/> Other _____	❖ If Respirators are required or voluntarily used, implement the necessary elements of a Respirator Protection Program
Feet 	<input type="checkbox"/> Impact-heavy objects <input type="checkbox"/> Compression-rolling or pinching objects/vehicles <input type="checkbox"/> Slippery or wet surface <input type="checkbox"/> Penetration-sharp objects <input type="checkbox"/> Penetration-chemical <input type="checkbox"/> Splashing-chemical <input type="checkbox"/> Exposure to extreme cold <input type="checkbox"/> Other _____	<input type="checkbox"/> Steel toe safety shoes <input type="checkbox"/> Leather boots or safety shoes w/metatarsal guards <input type="checkbox"/> Slip resistant soles <input type="checkbox"/> Puncture resistant soles <input type="checkbox"/> Chemical resistant boots/covers <input type="checkbox"/> Rubber boots/closed top shoes <input type="checkbox"/> Insulated boots or shoes <input type="checkbox"/> Other _____	
Head 	<input type="checkbox"/> Struck by falling object <input type="checkbox"/> Struck against fixed object <input type="checkbox"/> Electrical-contact with exposed wires/conductors <input type="checkbox"/> Other _____	<input type="checkbox"/> Hard hat/cap <input type="checkbox"/> Class A <input type="checkbox"/> Class B <input type="checkbox"/> Class C <input type="checkbox"/> Other _____	
Body 	<input type="checkbox"/> Impact-flying objects <input type="checkbox"/> Moving vehicles <input type="checkbox"/> Penetration-sharp objects <input type="checkbox"/> Electrical-static discharge <input type="checkbox"/> Hot metal or sparks <input type="checkbox"/> Chemical(s) _____ <input type="checkbox"/> Exposure to extreme cold <input type="checkbox"/> Unprotected elevated walking/working surface <input type="checkbox"/> Other _____	<input type="checkbox"/> Long sleeves/ apron/ coat <input type="checkbox"/> Traffic vest <input type="checkbox"/> Cut-resistant sleeves, wristlets <input type="checkbox"/> Static control coats/coveralls <input type="checkbox"/> Flame-resistant jacket/ pants <input type="checkbox"/> Lab coat or apron/sleeves <input type="checkbox"/> Insulated jacket, hood <input type="checkbox"/> Body harness and lanyard <input type="checkbox"/> Other _____	

CERTIFICATION: I certify that I personally performed the above Hazard Assessment on the date indicated. *This document is a Certification of the Hazard Assessment.*

Signed by: _____ Date: _____

SAMPLE

