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PERSONAL PROTECTIVE EQUIPMENT (PPE)

WELCOME!

This sample program is provided to assist you as an employer in developing programs tailored to your own operation. We encourage you to copy, expand, modify and customize this sample as necessary to accomplish this goal.

This document is provided as a compliance aid, but does not constitute a legal interpretation of OSHA Standards, nor does it replace the need to be familiar with, and follow, the actual OSHA Standards (including any North Carolina specific changes.) Though this document is intended to be consistent with OSHA Standards, if an area is considered by the reader to be inconsistent, the OSHA standard should be followed. Of course, we welcome your comments and feedback!

The North Carolina Department of Labor OSH Consultative Services Bureau can be contacted for further assistance such as helping you set up your individual program and even with on-site surveys. Feel free to contact us at 1-800-NCLABOR or at 919-807-2899. You may also want to visit our website at <http://www.nclabor.com/osh/consult/bcs1.htm>

Remember: A written safety/health program is only effective if it is put into place!

**PERSONAL PROTECTIVE EQUIPMENT
HAZARD ASSESSMENT AND CERTIFICATION
SAMPLE FORM**

Use this sample form to determine if your employees are potentially exposed to the list of items. The form guides you through a thought process. First check either yes or no to whether the employee is exposed to the particular hazards during any part of the employees' job duties. If the employee is exposed to the hazard, then determine if the hazard can be eliminated and still get the job done. If not, can the method or equipment be changed to eliminate the hazard? If so, consider doing it. If the hazard cannot be eliminated, is the condition one where adding a guard would protect the employee from the hazard? Many times machinery or equipment can be successfully guarded. If this is the case, indicate a guard is being installed to protect the employee from the hazard.

The last column refers to Personal Protective Equipment (PPE). You must list specifically the appropriate type of PPE the employee will be required to use to protect him/herself from the particular hazard. Such PPE could include: hard hats to protect the head from falling objects; safety shoes to protect against having objects dropped on or rolled over the toes; respirators; safety glasses or face shields (to protect the eyes and face); hearing protection; any chaps and other PPE for protection when using chain saws. These are only examples of the specific types of PPE that would commonly be listed. After you have decided on the appropriate PPE, the employee must be provided with the PPE and trained in its correct use and care. Records must be kept of all training including date, topic of training, instructor and participants.

The Hazard Assessment form must be signed by the person completing or certifying that it is correct. The form should be reviewed when new equipment is considered, when changes are made in the processes or if the employee receives new job duties. If employees are affected by any of these changes, and additional PPE is required, then list it on the assessment form and train the employee in the newly required PPE.

Review the form annually, at a minimum, to determine if it is still correct. Date and sign the form certifying that the form is correct.

PERSONAL PROTECTIVE EQUIPMENT HAZARD ASSESSMENT

Plant _____ Dept. _____ Date(s) _____

Supervisor _____ Job _____

Eye and Face

Is there danger from:

			(Eliminated, Guarded, PPE)	
	No	Yes	E, G	List Specific PPE
1) Flying Particles	_____	_____	_____	_____
2) Molten Metal	_____	_____	_____	_____
3) Liquid Chemicals	_____	_____	_____	_____
4) Acids	_____	_____	_____	_____
5) Caustic Liquids	_____	_____	_____	_____
6) Chemical Gases or Vapors	_____	_____	_____	_____
7) Light Radiation	_____	_____	_____	_____
8) Other	_____	_____	_____	_____

Head

Is there danger from:

	No	Yes	E, G	List Specific PPE
1) Falling or Flying Objects	_____	_____	_____	_____
2) Work Being Performed Overhead	_____	_____	_____	_____
3) Elevated Conveyors	_____	_____	_____	_____
4) Striking Against a Fixed Object	_____	_____	_____	_____
5) Forklift Hazards	_____	_____	_____	_____
6) Exposed Electrical Conductors	_____	_____	_____	_____
7) Other	_____	_____	_____	_____

MISCELLANEOUS

Is there danger from:

	No	Yes	E, G	List Specific PPE
1) Lifting	_____	_____	_____	_____
2) Blood-borne Pathogens	_____	_____	_____	_____

Foot

Is there danger from:

	No	Yes	(Eliminated, Guarded, PPE) E, G	List Specific PPE
1) Falling and Rolling Objects	_____	_____	_____	_____
2) Objects Piercing the Sole	_____	_____	_____	_____
3) Electrical Hazards	_____	_____	_____	_____
4) Wet or Slippery Surfaces	_____	_____	_____	_____
5) Chemical Exposure	_____	_____	_____	_____
6) Environmental	_____	_____	_____	_____
7) Other	_____	_____	_____	_____

Hand

Is there danger from:

	No	Yes	E,G	List Specific PPE
1) Skin Absorption	_____	_____	_____	_____
2) Cuts or Lacerations	_____	_____	_____	_____
3) Abrasions	_____	_____	_____	_____
4) Punctures	_____	_____	_____	_____
5) Chemical Burns	_____	_____	_____	_____
6) Thermal Burns	_____	_____	_____	_____
7) Harmful Temperature Extremes	_____	_____	_____	_____
8) Other	_____	_____	_____	_____

Respiratory

Has the workplace area been evaluated for:

	No	Yes	E, G	List Specific PPE
1) Harmful Dusts	_____	_____	_____	_____
2) Fogs	_____	_____	_____	_____
3) Fumes	_____	_____	_____	_____
4) Mists	_____	_____	_____	_____
5) Smokes	_____	_____	_____	_____
6) Sprays	_____	_____	_____	_____
7) Vapors	_____	_____	_____	_____
8) Other	_____	_____	_____	_____

Torso

Are employees bodies protected from:	No	Yes	(Eliminated, Guarded, PPE) E, G	List Specific PPE
1) Hot Metals	_____	_____	_____	_____
2) Cuts	_____	_____	_____	_____
3) Acids	_____	_____	_____	_____
4) Radiation	_____	_____	_____	_____

Comments:

Certification

This hazard assessment has been performed to determine the required type of PPE for each affected employee. The assessment includes:

- Walk-through survey
- Specific job analysis
- Review of accident statistics
- Review of safety equipment selection guideline materials
- Selection of appropriate required PPE

Assessment Certified by (Supervisor) _____

Date _____

**EMPLOYEE TRAINING AND CERTIFICATION
PROPER USE OF PERSONAL PROTECTIVE EQUIPMENT (PPE)**

Instructor Name _____

Date _____

TRAINING OBJECTIVES:

- Company/employee responsibilities
- Work area hazards
- How PPE will protect
- When PPE should be worn
- What PPE should be worn
- How to don, doff, assure proper fit, adjust, wear properly
- Limitations of the PPE
- Proper care, maintenance, cleaning (sanitation)
- Reporting and replacement of worn damaged PPE
- Useful life
- Proper disposal of PPE

The following employees have received training on specific PPE and have demonstrated an understanding of the PPE.

Attendance List

Department	Name	Signature
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____