

**Personal Protective Equipment (PPE) Program**  
**for**  
**(Name of Company)**

## **PURPOSE**

The purpose of this program is to protect the employees of **(Name of Company)** from the occupational hazards within the workplace by providing the proper personal protective equipment (PPE). Engineering and administrative controls shall be used as the primary controls for protecting employees. When additional protection is necessary, appropriate PPE shall be worn. This program includes PPE for eye, face, head, foot, and hand protection. If respirators and/or hearing protection are necessary, their use will be covered by the company's Respiratory Protection Program and the Hearing Conservation Program, respectively.

## **RESPONSIBILITY**

**(Name and Job Title of Person Responsible)** will be responsible for coordinating this program and ensure the following:

1. The hazard assessments are conducted.
2. Appropriate PPE is assigned.
3. Affected employees receive training.
4. Documentation is maintained.

Department supervisors should inform **(Name and Job Title of Person Responsible)** of changes in PPE requirements when there have been new procedures/processes identified that require different PPE. Department supervisors should also consult with **(Name and Job Title of Person Responsible)** prior purchasing any new PPE.

## **PPE HAZARD ASSESSMENTS**

Each job/task performed will be assessed to determine foot, head, eye, face, and hand hazards present and the proper PPE that should be worn. The assessments will include observation of the following sources of hazards:

1. **Impact/Collision:** Flying particulate, falling or dropped materials, unsecured materials, low overhead clearance, vehicular activity, moving machine parts.
2. **Penetration:** Sharp objects, cutting tools, power and impact tools, sharp edges, animal or insect hazards, breakable materials.
3. **Compression:** round or tubular materials, stacked materials, vehicular activity, falling or dropped materials.
4. **Chemical:** Irritants, carcinogens, splashing, burns, flammable materials.
5. **Temperature Extremes:** Burns, sparks, splashes from molten materials.
6. **Harmful Dust:** Compressed air usage, grinding, chipping, polishing, sanding, cutting, blasting.
7. **Light Radiation:** Welding, cutting brazing, lasers, furnaces, lasers, high glare, high intensity light.

The PPE Hazard Assessment Certification shall be completed for each job/task and will serve as certification that a hazard assessment has been performed. The person conducting the hazard assessment will also survey jobs that are non-routine or periodic. In some cases these assessments may not be completed until the jobs are scheduled. Hazard assessments will be updated/evaluated whenever conditions or procedures change.

# CERTIFICATION OF PPE HAZARD ASESMENT

Employers are required to evaluate hazards in the workplace to determine if Personal Protective Equipment (PPE) is required. The employer must also certify, in writing, that a hazard assessment has been conducted. This worksheet can be used by an employer to help with the hazard assessment.

**Certification:**

This certifies that the workplace has been evaluated for hazards to determine if personal protective equipment is required.

Work Location/Department: \_\_\_\_\_

Equipment/Task: \_\_\_\_\_

Name of person certifying evaluation: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

BODY PART	TYPES OF HAZARDS	PPE REQUIRED (check all that apply)
EYES/FACE	<input type="checkbox"/> Dust <input type="checkbox"/> Projectiles <input type="checkbox"/> Twigs, stray objects <input type="checkbox"/> Chemicals <input type="checkbox"/> Bloodborne pathogens <input type="checkbox"/> Intense Light <input type="checkbox"/> Other _____	<input type="checkbox"/> Safety glasses with side shields <input type="checkbox"/> Splash proof goggles <input type="checkbox"/> Faceshield <input type="checkbox"/> Filter Lenses <input type="checkbox"/> Other _____
HEAD	<input type="checkbox"/> Falling objects <input type="checkbox"/> Fixed objects <input type="checkbox"/> Electrical Shock <input type="checkbox"/> Hair Entanglement <input type="checkbox"/> Other _____	<input type="checkbox"/> Hardhat <input type="checkbox"/> Hairnet <input type="checkbox"/> Soft cap

BODY PART	TYPES OF HAZARDS	PPE REQUIRED (check all that apply)
HANDS	<input type="checkbox"/> Tools <input type="checkbox"/> Chemicals <input type="checkbox"/> Splinters <input type="checkbox"/> Poison ivy <input type="checkbox"/> Sharp objects <input type="checkbox"/> Extreme Heat or Cold <input type="checkbox"/> Blood <input type="checkbox"/> Other _____	<input type="checkbox"/> Canvas gloves <input type="checkbox"/> Chemical resistant gloves <input type="checkbox"/> Nitrile gloves <input type="checkbox"/> Food prep gloves <input type="checkbox"/> Cut-resistant gloves <input type="checkbox"/> Heat resistant gloves <input type="checkbox"/> Cryogenic gloves <input type="checkbox"/> Other: _____
FEET/LEGS	<input type="checkbox"/> Impact <input type="checkbox"/> Falling or rolling objects <input type="checkbox"/> Sharp objects <input type="checkbox"/> Slippery or wet surfaces <input type="checkbox"/> Chemical <input type="checkbox"/> Extreme Heat or Cold <input type="checkbox"/> Other _____	<input type="checkbox"/> Closed toe shoe <input type="checkbox"/> Closed toe boot <input type="checkbox"/> Safety toe shoe <input type="checkbox"/> Safety toe boot <input type="checkbox"/> Chemical resistant overboot <input type="checkbox"/> Slip resistant closed toe shoe <input type="checkbox"/> Other _____
BODY	<input type="checkbox"/> Chemical splash <input type="checkbox"/> Chemical dust <input type="checkbox"/> Sharp objects <input type="checkbox"/> Scalding liquids <input type="checkbox"/> Heat <input type="checkbox"/> Cold <input type="checkbox"/> Abrasion <input type="checkbox"/> Radiation <input type="checkbox"/> Other _____	<input type="checkbox"/> Long-sleeve shirt <input type="checkbox"/> Long pants <input type="checkbox"/> Kevlar chaps <input type="checkbox"/> Cotton coverall <input type="checkbox"/> Fire resistant coverall <input type="checkbox"/> Tyvek coverall <input type="checkbox"/> Chemical resistant coverall <input type="checkbox"/> Other _____