**PERSONAL PROTECTIVE EQUIPMENT HAZARD ANALYSIS**

It is a management responsibility to identify the need for, and to provide personal protective equipment for the work force. OSHA requires formal analysis and definition of such equipment, as well as training on how to use, and when and where such equipment is required.

In order to meet OSHA requirements (29 CFR 1910.132), and in order to maintain a safe working environment, it will be necessary for all supervisors and managers to analyze the potential job hazards within their area.

Please complete and return the analysis. Instructions for this analysis follow. Thank you for your help in taking an active part in safety.

**Instructions**:

1. Identify the job titles for all persons within your department.

2. Make copies of the Personal Protective Equipment Hazard Analysis form so that each job is represented on a separate form.

 3. Enter the name of your department.

 4. Enter the job title to be analyzed.

 5. Enter the location or area of the facility that the job holder performs the activities or tasks. Examples of this might be "office," "maintenance shop," "warehouse," etc.

 6. Enter your name after "Analysis done by."

 7. Enter the date of the analysis.

 8. List the activities or tasks that the job holder is required to perform.

 9. Use the Hazard Key to identify all potential hazards associated with each task. Enter the hazard numbers in the area corresponding to the activity or task. Use a separate line for each hazard.

 10. Use the Body Part Key to identify the part of the body that would be exposed to each hazard. If more than one body part has hazard exposure, list all parts. Enter the body part letters in the area corresponding to the hazard.

 11. Use the PPE Required key to identify the PPE required for each hazard listed.

***(Your Company Name)***

**Personal Protective Equipment**

**Written Program**

**(Reference: 29 CFR 1910.132)**

*Your Company Name* will assess our workplace to determine if hazards are present or likely to be present which requires the use of Personal Protective Equipment (PPE). If hazards are present or likely to be present, the Your Company Name shall:

  Select the type of PPE that will protect the employee.

  Require the employee to use the PPE.

  Communicate selection decisions to each affected employee.

**(Reference: 29 CFR 1910.132 (d)(1)(i ‑ iii))**

The *Your Company Name* shall verify the hazard assessment has been performed through a written certification. The certification shall:

  Identify the workplace where assessment was performed.

  Name the person certifying that the assessment was performed.

  Give the date(s) that the hazard assessment was performed.

  Be identifiable as a document of certification of hazard assessment.

**(Reference: 29 CFR 1910.132 (d)(2))**

Assure that defective or damaged PPE not be used. **(Reference: 29 CFR 1910.132(e))**

The *Your Company Name* will provide training to each employee who is required by this section to use PPE. Each employee shall be trained to know at least the following:

  When PPE is necessary;

  What PPE is necessary;

  How to put on, take off, adjust, and wear PPE;

  Limitations of PPE; and

  Proper care, maintenance, useful life, and disposal of the PPE.

**(Reference: 29 CFR 1910.132 (f)(1)(i‑v))**

Before being allowed to perform work that requires the use of PPE, each employee shall;

  Demonstrate an understanding of training provided;

  Demonstrate ability to properly use PPE.

When the *Your Company Name* has reason to believe that an employee does not understand the training or possess the skill required to wear the PPE the employer shall retrain the employee. Other circumstances where retraining is required include, but not limited to:

  Changes in the workplace that render previous training obsolete.

  Changes in PPE that render previous training obsolete.

  Employee does not retain understanding or skill to use PPE.

The *Your Company Name* shall verify that each affected employee receives and understands the required training. The verification shall:

  Be a written certification.

  Show the name of the employee trained.

  Show the date(s) of training.

  Identify the subject of certification.

**Hazard Analysis Worksheet**

|  |  |  |  |
| --- | --- | --- | --- |
| Depart Job Title Job Duty Location  Analysis Done By Date  | **Hazard Key**1. Cut2. Abrasion3. Burn4. Fall5. Falling Object6. Noise7. Flying particles8. Inhalation9. Bump10. Slip11. Splash12. Other | **Body Part Key**a. Headb. Facec. Eye(s)d. Ear(s)e. Respiratoryf. Trunkg. Arm(s)h. Hand(s)i. Finger(s)j. Leg(s)k. Foot/feetl. Toe(s)m. Other | **PPE Required**A. Hard HatB. Chemical gogglesC. Safety glassesD. Ear plugsE. Ear muffsF. Body harnessG. Gloves (list type) H. Shoes/boots (list type) I. RespiratorJ. Other   |
| **Activities/Tools** | **Potential Hazards** | **Body Part(s)** | **PPE Required** |
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**Hazard Analysis Worksheet**

Example

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| --- | --- | --- | --- |
| Depart Bldg Maint Job Title Maint Helper Job Duty Location Plant wide  Analysis Done By Steve Fahey Date 9/16/97  | **Hazard Key**1. Cut2. Abrasion3. Burn4. Fall5. Falling Object6. Noise7. Flying particles8. Inhalation9. Bump10. Slip11. Splash12. Other | **Body Part Key**a. Headb. Facec. Eye(s)d. Ear(s)e. Respiratoryf. Trunkg. Arm(s)h. Hand(s)i. Finger(s)j. Leg(s)k. Foot/feetl. Toe(s)m. Other | **PPE Required**A. Hard HatB. Chemical gogglesC. Safety glassesD. Ear plugsE. Ear muffsF. Body harnessG. Gloves (list type) H. Shoes/boots (list type) I. RespiratorJ. Other   |
| **Activities/Tools** | **Potential Hazards** | **Body Part(s)** | **PPE Required** |
|  |  |  |  |
| Replace glass | 1,7 | c,g,h | C, G (cut resist) |
|  |  |  |  |
| Remove trash | 7 | c | C |
|  |  |  |  |
| Replace light bulbs | 1,4,7 | c,h | C,G (cloth/leather) |
|  |  |  |  |
| Welding | 3,7,8 | c,e,g,h | J (welding helmet |
|  |  |  | I (fume) |
|  |  |  | K (welding vest) |
|  |  |  | G (welding gloves) |
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