SECTION 6.0

PERSONAL PROTECTIVE EQUIPMENT

TOOLS AND CHECKLISTS

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# APPENDIX A PPE Hazard Assessment Certification Form

This tool can help you do a hazard assessment to determine if your employees need to use personal protective equipment (PPE) by identifying activities that may create hazards for your employees and is to be used in adherence with the Hierarchy of Controls established in ALU PPE Document No…..

The activities are grouped according to what part of the body might need PPE. You can make copies, modify and customize it to fit the specific needs of your particular work place, or develop your own form that is appropriate to your work environment.

This tool can also serve as written certification that you have done a hazard assessment. Document your hazard assessment for PPE. Make sure that the blank fields at the beginning of the checklist (indicated by \*) are filled out (see below, Instructions #4).

**Instructions:**

1. Do a walk through survey of each work area and job/task. Read through the list of work activities in the first column, putting a check next to the activities performed in that work area or job.
2. Read through the list of hazards in the second column, putting a check next to the hazards to which employees may be exposed while performing the work activities or while present in the work area. (for e.g., work activity: chopping wood; work-related exposure: flying particles).
3. Decide how you are going to control the hazards. Try considering engineering, work place, and/or administrative controls to eliminate or reduce the hazards before resorting to using PPE. If the hazard cannot be eliminated without using PPE, indicate which type(s) of PPE will be required to protect your employee from the hazard.
4. Make sure that you complete the following fields on the form (indicated by \*) to certify that a hazard assessment was done:

\*Name of your work place/site

\*Address of the work place/site where you are doing the hazard assessment

\*Name of person certifying that a workplace hazard assessment was done

\*Date the hazard assessment was done

APPENDIX A

**PPE Hazard Assessment Certification Form**

**\*Name of work place/site**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **\*Assessment conducted by**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*Work place/site address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **\*Date of assessment:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work area(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Job/Task(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\***Required for certifying the hazard assessment. Use a separate sheet for each job/task or work area

|  |  |  |
| --- | --- | --- |
| EYES | | |
| Work activities, such as:  abrasive blasting  sanding  chopping  sawing  cutting  grinding  drilling  hammering  welding  punch press operations  other: | Work-related exposure to:  airborne dust  flying particles  blood splashes  hazardous liquid chemicals  intense light  other: | Can hazard be eliminated without the use of PPE?  Yes No  If no, use:  Safety glasses  Side shields  Safety goggles  Dust-tight  Shading/Filter (#     ) goggles  Welding shield  Other: |
| FACE | | |
| Work activities, such as:  cleaning  foundry work  cooking  welding  siphoning  mixing  painting  pouring molten  dip tank operations metal  other | Work-related exposure to:  hazardous liquid chemicals  extreme heat/cold  potential irritants:  other: | Can hazard be eliminated without the use of PPE?  Yes No  If no, use:  Face shield  Shading/Filter (#     )  Welding shield  Other: |
| HEAD | | |
| Work activities, such as:  building maintenance  confined space operations  construction  electrical wiring  walking/working under catwalks  walking/working under conveyor belts  walking/working under crane loads  utility work  other: | Work-related exposure to:  beams  pipes  exposed electrical wiring or components  falling objects  machine parts  other: | Can hazard be eliminated without the use of PPE?  Yes  No  If no, use:  Protective Helmet (Hardhat)  Type A (low voltage)  Type B (high voltage)  Type C  Bump cap (not ANSI-approved)  Hair net or soft cap  Other: |
| **HANDS/ARMS** | | |
| Work activities, such as:  baking  material handling  cooking  sanding  grinding  sawing  welding  hammering  working with glass  using computers  using knives  dental and health care services  other: | Work-related exposure to:  blood  irritating chemicals  tools or materials that could scrape, bruise, or cut  extreme heat/cold  other: | Can hazard be eliminated without the use of PPE?  Yes No  If no, use:  Gloves  Chemical resistance  Liquid/leak resistance  Temperature resistance  Abrasion/cut resistance  Slip resistance  Protective sleeves  Other: |
| FEET/LEGS | | |
| Work activities, such as:  building maintenance  construction  demolition  food processing  foundry work  logging  plumbing  trenching  use of highly flammable materials  welding  other: | Work-related exposure to:  explosive atmospheres  explosives  exposed electrical wiring or components  heavy equipment  slippery surfaces  tools  other: | Can hazard be eliminated without the use of PPE?  Yes No  If no, use:  Safety shoes or boots  Toe protection  Metatarsal protection  Electrical protection  Heat/cold protection  Puncture resistance  Chemical resistance  Anti-slip soles  Leggings or chaps  Foot-Leg guards  Other: |
| BODY/SKIN | | |
| Work activities such as:  baking or frying  battery charging  dip tank operations  fiberglass installation  irritating chemicals  sawing  other: | Work-related exposure to:  chemical splashes  extreme heat/cold  sharp or rough edges  other: | Can hazard be eliminated without the use of PPE?  Yes No  If no, use:  Vest, Jacket  Coveralls, Body suit  Raingear  Apron  Welding leathers  Abrasion/cut resistance  Other: |
| **BODY/WHOLE 1** | | |
| Work activities such as:  building maintenance  telecom installation/removal  construction  logging  utility work  other: | Work-related exposure to:  working at heights of 10 feet or more  working near water  working near motorway  working near railroad  working near power lines  working in a tunnel  working in a confined space  working in a trench  working in cold/hot climates  other: | Can hazard be eliminated without the use of PPE?  Yes  No  If no, use:  Fall Arrest/Restraint: Type:  PFD: Type:  Reflective Vest, Jacket  Heat/cold protective Clothing  Other:  \*(See Footnote 1) |
| **LUNGS/RESPIRATORY 1** | | |
| Work activities such as:  cleaning  pouring  mixing  sawing  painting  fiberglass installation  compressed air or gas operations  other: | Work-related exposure to:  irritating dust or particulate  irritating or toxic gas/vapor  other: | Can hazard be eliminated without the use of PPE?  Yes No  If no, use:  Respirator: Type:  Dust Mask: Type:  Other:  \*(See Footnote 1) |
| **EARS/HEARING 1** | | |
| Work activities such as:  generator  grinding  ventilation fans  machining  motors  routers  sanding  sawing  pneumatic equipment  punch or brake presses  use of conveyors  other: | Work-related exposure to:  loud noises  loud work environment  noisy machines/tools  punch or brake presses  other: | Can hazard be eliminated without the use of PPE?  Yes  No  If no, use:  Ear Plugs Type:  Earmuffs Type:  Other:  \*(See Footnote 1) |

1. NOTE: This checklist is not all inclusive, You should consider all hazards when you conduct your hazard assessment.

# APPENDIX B- SAFETY CHECKLIST FOR FALL PROTECTION EQUIPMENT

|  |  |  |  |
| --- | --- | --- | --- |
| **SAFETY CHECKLIST FOR FALL PROTECTION EQUIPMENT** | | | |
|  | (to be checked prior to and after each use1 ) |  |  |
| LOCATION6 A3 | | | |
|  |  | **FAIL** | **PASS** |
| **HARNESS-** ID INFO7- | | | |
| **WEBBING2** | CUTS |  | **NO** |
|  | REQUIRES CLEANING |  | **NO** |
|  | CHEMICAL EXPOSURE/DAMAGE 3 |  | **NO** |
|  | ABRADED |  | **NO** |
|  | BURNED |  | **NO** |
|  | MILDEWED |  | **NO** |
|  | OTHER |  | **NO** |
|  | LIST \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
|  |  |  |  |
| **STITCHING** | CUT/ BROKEN/ PULLED OUT |  | **NO** |
|  | BURNED |  | **NO** |
|  | MISSING |  | **NO** |
|  | OTHER |  | **NO** |
|  | LIST \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
|  |  |  |  |
| **BUCKLES/ D-RING/ KEEPERS** | DEFORMED/ MISSING |  | **NO** |
|  | CORRODED/RUSTED |  | **NO** |
|  | CHEMICAL EXPOSURE/DAMAGE 3 |  | **NO** |
|  | OTHER |  | **NO** |
|  | LIST \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
|  |  |  |  |
| **LANYARD-** ID INFO7- | | | |
| **CONNECTING DEVICES 5** | GATE WORKS FREELY |  | **YES** |
|  | DOUBLE LOCK WORKS CORRECTLY |  | **YES** |
|  | DEFORMED |  | **NO** |
|  | CORRODED/RUSTED |  | **NO** |
|  | CHEMICAL EXPOSURE/DAMAGE 3 |  | **NO** |
|  | OTHER |  | **NO** |
|  | LIST \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
|  |  |  |  |
| **WEBBING2** | CUTS |  | **NO** |
|  | REQUIRES CLEANING |  | **NO** |
|  | CHEMICAL EXPOSURE/DAMAGE 3 |  | **NO** |
|  | ABRADED |  | **NO** |
|  | BURNED |  | **NO** |
|  | MILDEWED |  | **NO** |
|  | OTHER |  | **NO** |
|  | LIST \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
|  |  |  |  |
| **RETRACTOR** | LANYARD WITHDRAWS/ RETRACTS SMOOTHLY |  | **YES** |
|  | LOCKING ACTION WORKS CORRECTLY |  | **YES** |
|  | OTHER |  | **NO** |
|  | LIST \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
|  |  |  |  |
| **ROPE2**- ID INFO7- | | | |
| **ROPE** | CUTS |  | **NO** |
|  | REQUIRES CLEANING |  | **NO** |
|  | CHEMICAL EXPOSURE/DAMAGE 3 |  | **NO** |
|  | ABRADED |  | **NO** |
|  | BURNED |  | **NO** |
|  | MILDEWED |  | **NO** |
|  | OTHER |  | **NO** |
|  | LIST \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
|  |  |  |  |
| **CONNECTING DEVICES 5** | GATE WORKS FREELY |  | **YES** |
|  | DOUBLE LOCK WORKS CORRECTLY |  | **YES** |
|  | DEFORMED |  | **NO** |
|  | CORRODED/RUSTED |  | **NO** |
|  | CHEMICAL EXPOSURE/DAMAGE 3 |  | **NO** |
|  | OTHER |  | **NO** |
|  | LIST \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
|  |  |  |  |
| **SHOCK ABSORBER**- ID INFO7- \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
|  | CHEMICAL EXPOSURE/DAMAGE 3 |  | **NO** |
|  | OTHER |  | **NO** |
|  | LIST \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
|  |  |  |  |
| **ROPE GRAB**- ID INFO7- \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
|  | OPERATING CORRECTLY4 |  | **YES** |
|  | DEFORMED |  | **NO** |
|  | CORRODED/RUSTED |  | **NO** |
|  | CHEMICAL EXPOSURE/DAMAGE 3 |  | **NO** |
|  | OTHER |  | **NO** |
|  | LIST \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
|  |  |  |  |
| **CABLE SLING**- ID INFO7- \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
|  | DEFORMED |  | **NO** |
|  | CORRODED/RUSTED |  | **NO** |
|  | CHEMICAL EXPOSURE/DAMAGE 3 |  | **NO** |
|  | OTHER |  | **NO** |
|  | LIST \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **OTHER COMPONENTS- (list item and findings) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | |
|  |  |  |  |
| **GENERAL** | HAS ANY COMPONENT BEEN SUBJECTED TO A SHOCK LOAD |  | **NO** |
|  | **(ANY COMPONENT SUBJECTED TO A SHOCK LOAD (A Fall) SHOULD BE REMOVED FROM SERVICE UNTIL RECERTIFIED BY THE**  **MANUFACTURER OR REPLACED. Contact your NARO rep. or LWS EHS for direction. An Incident Report must be filed.)** |  |  |
| **COMMENTS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | |
| **NOTES:** | | | |
| 1. The kit should be inspected prior to and after each use by the user and at least annually by a competent person other than the user.   The annual inspection should be documented and maintained in a file in the local toolroom or other appropriate location. | | | |
| 2- The webbing and rope should be inspected at 6" intervals bending it to listen for crackling noises which could indicate breaking fibers. | | | |
| 3-Damage = excessive heating, alteration, too much/little lubrication, excessive aging/wear, or missing parts. If there has been a chemical exposure the manufacturer  should be contacted to see if the specific chemical is detrimental to the material that was exposed. The component should be removed from service until the  manufacturer's recommendations are implemented. | | | |
| 4- Check operation of all levers/controls of the rope grab. | | | |
| 5- Connecting devices are Snap Hooks and Carabiners which should all be double acting devices. | | | |
| 6- Location- if the kit is normally stored in toolroom list address, if assigned to installer list name and area serviced. | | | |
| 7- ID info= model #, Serial #, date of manufacture, or any other identifying information listed on the component. | | | |
|  |  |  |  |