SECTION 6.0

PERSONAL PROTECTIVE EQUIPMENT

TOOLS AND CHECKLISTS

Document Change History

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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. |
|  |  |  |  |