

	Hi-Speed Industrial Service Safety Management System	Doc No:	PPE
		Initial Issue Date:	8-25-15
<b>PERSONAL PROTECTIVE EQUIPMENT/ASSESSMENTS – (PPE)</b>		Revision Date:	Initial Version
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## Purpose

The purpose of the Personal Protective Equipment section is to set forth the procedures for the use, care, and maintenance of personal protective equipment required to be used by employees for the prevention of injuries.

## Scope

Applies to all Hi-Speed Industrial Service (Hi-Speed) employees. When work is performed on a non-owned or operated site, the operator's program shall take precedence, however, this document covers Hi-Speed employees and contractors and shall be used on owned premises, or when an operator's program doesn't exist or is less stringent.

## Key Responsibilities

### Safety Manager

- Assists in the selection of appropriate PPE. If a task exposes an employee to hazards which cannot be eliminated through engineering or administrative controls, the Safety Manager assists the supervisor and project manager to identify and select PPE suitable for the specific task performed, conditions present, and frequency and duration of exposure. Employees need to give feedback to the supervisor about the fit, comfort, and suitability of the PPE being selected. Employees are provided reasons for selection of PPE.
- Assists supervisor and site managers in assuring all PPE obtained meets regulatory and this procedure's requirements.
- Ensures a certified hazard assessment is completed. The hazard assessment must indicate a determination if hazards are present or are likely to be present, which necessitate the use of PPE. The certifier's name, signature, date(s) should be present on the assessment documents. Sources of hazards include, but are not limited to: hazards from impact/motion, high/low temperatures, chemicals, materials, radiation, falling objects, sharp objects, rolling or pinching objects, electrical hazards, and workplace layout. Certifies in writing the tasks evaluated, hazards found and PPE required to protect employees against hazards and ensures exposed employees are made aware of hazards and required PPE before they are assigned to the hazardous task. Certificate shall include certifier's name, signature, dates and identification of assessment documents.

### Managers and Supervisors

- Supervisors and managers shall regularly monitor employees for correct use and care of PPE, and obtain follow-up training if required to ensure each employee has adequate skill, knowledge, and ability to use PPE.
- Supervisors and managers shall enforce PPE safety rules following the guidance of the Hi-Speed progressive disciplinary procedures and ensure Required PPE Poster is posted properly.

### Employees

- Complying with the correct use and care of PPE.
- Reporting changes in exposure to hazardous conditions that might require a follow-up assessment of the task for PPE.

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- Reporting and replacing defective or damaged PPE, which shall not be used.
- Wearing of required PPE is a condition of employment.

## Procedure

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### General

PPE is maintained in a sanitary or clean condition. Protective equipment, including personal protective equipment for eyes, face, head, and extremities, protective clothing, respiratory devices, and protective shields and barriers, must be provided, used and maintained in a sanitary and reliable condition.

Hi-Speed is responsible for employee-owned equipment. Where employees provide their own protective equipment, Hi-Speed must assure its adequacy, including proper maintenance and sanitation of such equipment.

Employee owned equipment is NOT permitted, except for safety toe footwear and prescription safety glasses. Hi-Speed is still responsible for the assurance of its adequacy, maintenance and sanitation of those two items.

All PPE issued shall be at no cost to the employee. All employees will know and follow the procedures outlined in this Program.

### Eye Protection

Employees must use appropriate eye or face protection when exposed to eye or face hazards from flying particles, molten metal, liquid chemicals, acids or caustic liquids or chemical gases or vapors. Eye and Face PPE must comply with ANSI Standard Z87.1-2003 (Z87+), *Occupational and Educational Personal Eye and Face Protective Devices*.

#### Safety Glasses

Safety glasses, with side shields, that meet ANSI Z-87.1-2003 standards with “high Impact lenses” are required to be worn by all employees, subcontractors, and visitors while on Hi-Speed property, at all times, as described below:

- At field locations, in shops and warehouses, except in approved, designated, striped safety zones.
- In all yard work zones or by everyone when in the vicinity of loading or unloading equipment, performing mechanic or maintenance work, test stand operations, operating equipment such as forklifts, welding, or any type of work which has the potential to inflict an eye injury.
- In any office, restroom, or any other building while performing any type of work where a potential eye injury may be present.
- Visitors will be provided with visitor glasses. In the absence of approved prescription safety glasses, “Over the glass” type safety glasses or goggles, must be worn over the nonsafety glasses until approved prescription safety glasses are obtained.
- Workers assisting welders must wear absorbent safety glasses that protect the wearer from ultra-violet (UV) and/or infrared rays (IR).
- Dark shaded lens (sunglasses) darker than a # 1 shade is prohibited to be worn indoors unless welding or assisting a welder.
- A doctor must support “exceptions for medical reasons” in writing to exempt safety eyewear requirements.
- Safety glasses are not required:

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- Inside offices.
- Parking lots when traveling from vehicles to and from office buildings by way of main doors that do not pass through shops.

Goggles

- Chemical splash proof goggles shall be worn when handling or mixing liquid chemicals, solvents, paints, etc., and/or as recommended on the Material Safety Data Sheet of the material being handled.
- Dust proof goggles shall be worn when blowing equipment down with air or while performing other jobs where safety glasses are not adequate to prevent airborne particles from entering the openings around the lenses and side shields.

Face Shields

- Full face shields shall be worn over safety glasses when operating hand held or stationery grinders with abrasive or wire wheels, while chipping paint or concrete or, performing jobs where there is the potential for flying objects striking the face and safety glasses or goggles would not provide adequate protection.

**Head Protection**

Employees must wear protective helmets when working in areas where there is a potential for injury to the head from employee initiated impact or impact from falling or other moving objects. Helmets must comply with ANSI Standard Z89.1-1997 Class E, *American National Standard for Industrial Head Protection* for Type II head protection or be equally effective.

- Employees must wear protective helmets when working in areas where there is a potential for injury to the head from falling objects.
- Hardhats are to be worn at all field, shop and warehouse locations, or where deemed necessary as per each location’s PPE Hazard Assessment.
- Hardhats will not be altered in any way.
- Do not paint or apply unauthorized stickers, name plates, etc.
- Do not drill, cut, bend, or apply heat.
- Do not alter the suspension system.
- Hardhats will be inspected by the employee regularly for cracks, chips, scratches, signs of heat exposure (sun cracks), etc.
- Defective hardhats will be replaced immediately.
- Hardhats shall not be placed in rear windows of vehicles where they will be exposed to the sun or become projectiles during an accident.
- A supply of hardhats must be made available to visitors.
- Hi-Speed shall provide hardhats.
- Employees will be trained in the use, care and maintenance of head protection equipment.

**Hearing Protection**

Hearing protection is required to be worn by all employees, subcontractors, and visitors while in posted “High Noise” areas. Refer to the Hi-Speed Hearing Conservation Program for more information.

Warning signs will be posted in areas known or suspected to have noise levels exceeding 85 dBA either constantly or intermittently.

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When signs are not posted, employees shall wear hearing protection when noise caused by machinery, tools, etc., prevents normal conversations to be heard clearly.

Rule of thumb: If you have to yell to be heard, hearing protection is required

#### Types

- Molded Inserts (ear plugs)
- Canal Caps (head band type)
- Muff, either headband or hard hat mounted Earmuffs and earplugs shall be provided to the employee in sizes and configurations that will be comfortable to the employee.

#### Care and Maintenance

- Inspect hearing protection prior to each use.
- Hearing protection must be kept clean to prevent ear infections.
- Most earplugs used today are disposable and must be discarded when they become dirty, greasy, or cracked.
- Earmuffs that have deteriorated foam inserts, cracked seals or are defective must be replaced.

#### Fit

- Due to individual differences, not everyone can wear the same type of hearing protection. A variety of styles may have to be tried before one is found to be comfortable and provide adequate protection.
- Employees shall be instructed how to obtain the proper fit.

### **Hand Protection**

#### Gloves

- Gloves are required to be worn when performing work, which may expose the hands to extreme temperatures, cuts and abrasions, or exposure to chemicals.
- Welding: Welding gloves made of leather or other heat resistant materials shall be worn when performing arc welding or oxy/gas cutting.
- Chemical: Impervious (chemical resistant) gloves shall be worn when handling chemicals that specify gloves as personal protection equipment when handling.
- Refer to the specific chemical's Material Safety Data Sheet for the correct glove type.
- Persons assigned to working with chemicals, i.e., solvent vats, shall be issued their own individual gloves for hygiene purposes.
- Leather: Leather gloves should be worn when working with sharp materials or when handling rigging equipment.
- Cloth: Cloth gloves should be worn when handling objects or materials, which could cause blisters, splinters, cuts, etc.
- Heat Resistant: Heat resistant gloves shall be worn when handling hot bearings, races, or other materials or objects that have been heated beyond ambient temperatures.
- Insulated: Insulated gloves shall be worn to prevent frostbite in extreme cold climates.
- Glove Inspections
  - Gloves shall be inspected before each use for holes, tears, and worn areas.

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- Chemical gloves shall be periodically air tested for pinholes by twisting the cuff tightly, apply low air pressure to expand the glove, and then submersing in water to check for bubbles.
- Defective gloves shall be discarded immediately. Exception: machinists are exempted from wearing gloves while working with rotating machinery.

**Foot Protection**

Safety footwear shall be worn by all employees with regularly assigned duties at field locations, in shops and warehouses.

- Office workers and visitors who enter these areas on an infrequent basis will not be required to wear foot protection provided they stay clear of the work being performed.
- If required to be in the close proximity of the work, the work will be stopped while visiting the area or safety footwear will be worn.
- Shops, Field Locations, Warehouses and Parts Departments: Leather or equivalent boots, either lace up or pull up, shall be worn.
- The boot must provide ankle protection and have soles designed to protect from punctures with defined heels for climbing ladders.
- Metatarsal guards will be worn when duties present a hazard of equipment or material crushing the foot.
- All safety footwear must meet ANSI Z41-1999 standards.
- Client locations may require safety footwear to be worn by everyone; check with the local supervisor for client requirements before visiting field locations.

**Fall Protection**

Personal fall protection is required when performing certain elevated jobs in excess of six feet. Consult the Hi-Speed Fall Protection Program.

**Electrical Protection**

Consult the Hi-Speed Electrical Safety Program.

**Worksite Hazard Assessment**

A written hazard assessment shall be performed. During the hazard assessment a determination if hazards are present or are likely to be present, this necessitates the use of PPE. The following sample hazard sources will be identified:

- High or low temperatures; Chemical exposures (use MSDS for guidance)
- Flying particles, molten metal or other eye, face, or skin hazards
- Falling objects or potential for dropping objects; employee falling from a height of 6’ or more
- Sharp objects; Rolling or pinching that could crush the hands or feet;
- Electrical hazards

Where these hazards could cause injury to employees, personal protective equipment must be selected to substantially eliminate the injury potential. Employees will be notified for the selection and reason.

The results of this assessment shall be communicated to each affected employee and kept at the local office.

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### Proper Fitting or Sizing of PPE

Consideration must be given to comfort and fit. PPE that fits poorly will not afford the necessary protection. Continued wearing of the device is more likely if it fits the wearer comfortably. Protective devices are generally available in a variety of sizes. Care should be taken to ensure that the right size is selected.

### Defective Equipment is Not Used

Procedures must be in place to ensure defective or damaged PPE is not used. PPE that is in disrepair must be discarded or removed from service until repaired.

### Monitoring

Supervisors and site managers monitor worksite tasks for changes in, or the introduction of new hazards. If new hazards are discovered, they advise the Safety Manager who then conducts a hazard assessment for appropriate PPE. The Safety Manager monitors the effectiveness of the PPE Procedure and makes recommendations to management to improve the procedure.

### Training on the Use of PPE

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Training should be given to employees concerning when to wear PPE, what PPE should be worn, how to put on and take off and adjust PPE. The limitations of the PPE and its use, care, and maintenance should also be included in the training.

### Retraining on the Use of PPE

Each affected employee must demonstrate an understanding of training received and the ability to use PPE properly. When there is a reason to believe that any employee who has been trained does not have the required understanding and skill or there are changes in the workplace, the employee must be retrained.

### PPE Training is Documented

Training shall be documented and records kept at the local office. The training certification shall include:

- Name of employee(s) trained;
- The dates of training; and
- The training content.

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**PPE Matrix For Hi-Speed**      Location:     Insert Location or Work Site    

D = Depends on situation    M = Mandatory    - = Not Mandatory unless hazards become present  
 SUBJECT TO CHANGE BASED ON INDIVIDUAL WORKSITE HAZARD ASSESSMENT **CHANGE ALL AS NEEDED**

CATEGORY	EQUIPMENT	HAZARD	INSPECTION	MAINTENANCE	Job/Task	Field Tech	Housekeeping	Shop Work	Driving	Office	Winter Conditions
<b>Head Protection:</b>											
	Hard Hat (Class G or E Only)	Striking Head or Falling Objects	Each use	Dispose		-	-	D	-	-	-
<b>Eye and Face Protection:</b>											
	Safety Glasses w/shields	Objects Striking Eyes	Each use	Dispose		D	D	M	*	-	M
	Impact Vented Goggles	Small Particles in Eyes	Each use	Dispose		-	-	D	-	-	D
	Chemical Splash Goggles	Chemicals or Oil in Eyes	Each use	Dispose		D	D	D	-	-	-
<b>Hearing Protection:</b>											
	Disposable Earplugs	Damage to Hearing (85 dB)	Each use	Dispose		D	D	D	-	-	-
	Ear Muffs (w/Disposables)	Damage to Hearing (105 dB)	Each use	Dispose		D	D	D	-	-	-
<b>Personal Protective Clothing:</b>											
	Cold Weather Clothing	Cold Temperature	Each use	Clean & Repair		D	D	D	D	-	D
	Rainwear	Wet body	Each use	Dispose		-	-	D	-	-	-
	Protective Sleeves	Biohazardous materials	Each use	Dispose		-	M	-	-	-	-
	<b>Insert more or delete as needed</b>										
<b>Foot Protection:</b>											
	Slip Resistant Footwear	Injury to Body	Each use	Replace		M	M	M	-	-	-
	Anti-Slip Cleats during Winter	Injury to Body	Each use	Dispose		M	M	M	-	-	M
<b>Hand Protection:</b>											
	Anti-cut Gloves	Cuts	Each use	Dispose		M	D	M	-	-	-
	Vinyl Disposable Gloves	Biohazardous materials	Each use	Dispose		-	M	-	-	-	-
	Heavy Duty Gloves	Injuries to Hands	Each use	Dispose		-	-	M	-	-	-
	Cold weather Gloves	Environmental Exposure	Each use	Dispose		-	-	-	-	-	M
	Rubber Gloves	Hot Water Burns	Each use	Dispose		M	-	-	-	-	-

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**PPE Hazard Assessment Certification Form**

Name of work place: \_\_\_\_\_

Conducted by Name/Signature: \_\_\_\_\_

Work place address: \_\_\_\_\_

Date of assessment: \_\_\_\_\_

Work area(s): \_\_\_\_\_

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

(Use a separate sheet for each job/task or work area)

<b>EYES</b>		
<u>Work activities, such as:</u>  <input type="checkbox"/> abrasive blasting <input type="checkbox"/> chopping <input type="checkbox"/> cutting <input type="checkbox"/> drilling <input type="checkbox"/> welding <input type="checkbox"/> soldering <input type="checkbox"/> torch brazing <input type="checkbox"/> working outdoors <input type="checkbox"/> computer work <input type="checkbox"/> punch press operations <input type="checkbox"/> other:	<u>Work-related exposure to:</u>  <input type="checkbox"/> airborne dust <input type="checkbox"/> dirt <input type="checkbox"/> UV <input type="checkbox"/> flying particles/objects <input type="checkbox"/> blood splashes <input type="checkbox"/> hazardous liquid chemicals mists <input type="checkbox"/> chemical splashes <input type="checkbox"/> molten metal splashes <input type="checkbox"/> glare/high intensity lights <input type="checkbox"/> laser operations <input type="checkbox"/> intense light <input type="checkbox"/> hot sparks <input type="checkbox"/> other:	<u>Can hazard be eliminated without the use of PPE?</u> Yes <input type="checkbox"/> No <input type="checkbox"/>  <u>If no, use:</u> <input type="checkbox"/> Safety glasses <input type="checkbox"/> Safety goggles <input type="checkbox"/> Dust-tight goggles <input type="checkbox"/> Impact goggles <input type="checkbox"/> Welding helmet/shield <input type="checkbox"/> Chemical goggles <input type="checkbox"/> Chemical splash goggles <input type="checkbox"/> Laser goggles <input type="checkbox"/> Shading/Filter (# _____) <input type="checkbox"/> Welding shield <input type="checkbox"/> Other:
<b>FACE</b>		
<u>Work activities, such as:</u>  <input type="checkbox"/> cleaning <input type="checkbox"/> cooking <input type="checkbox"/> siphoning <input type="checkbox"/> painting <input type="checkbox"/> dip tank operations <input type="checkbox"/> metal pouring <input type="checkbox"/> other:	<u>Work-related exposure to:</u>  <input type="checkbox"/> hazardous liquid chemicals <input type="checkbox"/> extreme heat <input type="checkbox"/> extreme cold <input type="checkbox"/> potential irritants: <input type="checkbox"/> other:	<u>Can hazard be eliminated without the use of PPE?</u> Yes <input type="checkbox"/> No <input type="checkbox"/>  <u>If no, use:</u> <input type="checkbox"/> Face shield <input type="checkbox"/> Shading/Filter (# _____) <input type="checkbox"/> Welding shield <input type="checkbox"/> Other:

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<b>HEAD</b>		
<u>Work activities, such as:</u> <input type="checkbox"/> building maintenance <input type="checkbox"/> confined space operations <input type="checkbox"/> construction <input type="checkbox"/> electrical wiring <input type="checkbox"/> walking/working under catwalks <input type="checkbox"/> walking/working on catwalks <input type="checkbox"/> walking/working under conveyor belts <input type="checkbox"/> working with/around conveyor belts <input type="checkbox"/> walking/working under crane loads <input type="checkbox"/> other:	<u>Work-related exposure to:</u> <input type="checkbox"/> beams <input type="checkbox"/> pipes <input type="checkbox"/> exposed electrical wiring or components <input type="checkbox"/> falling objects <input type="checkbox"/> fixed object <input type="checkbox"/> machine parts <input type="checkbox"/> other:	<u>Can hazard be eliminated without the use of PPE?</u> Yes <input type="checkbox"/> No <input type="checkbox"/>  <u>If no, use:</u> <input type="checkbox"/> Protective Helmet (Hard Hats) <input type="checkbox"/> Class G (General) Hard Hat (low voltage) <input type="checkbox"/> Class E (Electrical) Hard Hat (high voltage) <input type="checkbox"/> Type C (Conductive) Hard Hat (no electrical protection) <input type="checkbox"/> Bump cap (not ANSI-approved) <input type="checkbox"/> Hair net or soft cap <input type="checkbox"/> Other:
<b>HANDS/ARMS</b>		
<u>Work activities, such as:</u> <input type="checkbox"/> baking <input type="checkbox"/> cooking <input type="checkbox"/> grinding <input type="checkbox"/> welding <input type="checkbox"/> working with glass <input type="checkbox"/> using power tools <input type="checkbox"/> using computers <input type="checkbox"/> working outdoors <input type="checkbox"/> using knives <input type="checkbox"/> dental and health care services <input type="checkbox"/> garbage disposal <input type="checkbox"/> computer work <input type="checkbox"/> other:	<u>Work-related exposure to:</u> <input type="checkbox"/> blood <input type="checkbox"/> irritating chemicals <input type="checkbox"/> tools or materials that could scrape or cut <input type="checkbox"/> extreme heat <input type="checkbox"/> extreme cold <input type="checkbox"/> animal bites <input type="checkbox"/> electric shock <input type="checkbox"/> vibration <input type="checkbox"/> musculoskeletal disorders <input type="checkbox"/> sharps injury <input type="checkbox"/> other:	<u>Can hazard be eliminated without the use of PPE?</u> Yes <input type="checkbox"/> No <input type="checkbox"/>  <u>If no, use:</u> <input type="checkbox"/> Gloves <input type="checkbox"/> Chemical resistance <input type="checkbox"/> Liquid/leak resistance <input type="checkbox"/> Temperature resistance <input type="checkbox"/> Abrasion/cut resistance <input type="checkbox"/> Slip resistance <input type="checkbox"/> Latex or nitrile <input type="checkbox"/> Anti-vibration <input type="checkbox"/> Protective sleeves <input type="checkbox"/> Ergonomic equipment _____ <input type="checkbox"/> Other:

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<b>FEET/LEGS</b>		
<u>Work activities, such as:</u> <input type="checkbox"/> building maintenance <input type="checkbox"/> construction <input type="checkbox"/> demolition <input type="checkbox"/> food processing <input type="checkbox"/> foundry work <input type="checkbox"/> working outdoors <input type="checkbox"/> logging <input type="checkbox"/> plumbing <input type="checkbox"/> trenching <input type="checkbox"/> use of highly flammable materials <input type="checkbox"/> welding <input type="checkbox"/> other:	<u>Work-related exposure to:</u> <input type="checkbox"/> explosive atmospheres <input type="checkbox"/> explosives <input type="checkbox"/> exposed electrical wiring or components <input type="checkbox"/> heavy equipment <input type="checkbox"/> slippery surfaces <input type="checkbox"/> impact from objects <input type="checkbox"/> pinch points <input type="checkbox"/> crushing <input type="checkbox"/> slippery/wet surface <input type="checkbox"/> sharps injury <input type="checkbox"/> blood <input type="checkbox"/> chemical splash <input type="checkbox"/> chemical penetration <input type="checkbox"/> extreme heat/cold <input type="checkbox"/> fall <input type="checkbox"/> other:	<u>Can hazard be eliminated without the use of PPE?</u> Yes <input type="checkbox"/> No <input type="checkbox"/>  <u>If no, use:</u> <input type="checkbox"/> Safety shoes or boots <input type="checkbox"/> Toe protection <input type="checkbox"/> Electrical protection <input type="checkbox"/> Heat/cold protection <input type="checkbox"/> Puncture resistance <input type="checkbox"/> Chemical resistance <input type="checkbox"/> Anti-slip soles  <input type="checkbox"/> Leggings or chaps <input type="checkbox"/> Foot-Leg guards <input type="checkbox"/> Other:
<b>BODY/SKIN</b>		
<u>Work activities such as:</u> <input type="checkbox"/> baking or frying <input type="checkbox"/> battery charging <input type="checkbox"/> dip tank operations <input type="checkbox"/> fiberglass installation <input type="checkbox"/> sawing <input type="checkbox"/> other:	<u>Work-related exposure to:</u> <input type="checkbox"/> chemical splashes <input type="checkbox"/> extreme heat <input type="checkbox"/> extreme cold <input type="checkbox"/> sharp or rough edges <input type="checkbox"/> irritating chemicals <input type="checkbox"/> other:	<u>Can hazard be eliminated without the use of PPE?</u> Yes <input type="checkbox"/> No <input type="checkbox"/>  <u>If no, use:</u> <input type="checkbox"/> Vest, Jacket <input type="checkbox"/> Coveralls, Body suit <input type="checkbox"/> Raingear <input type="checkbox"/> Apron <input type="checkbox"/> Welding leathers <input type="checkbox"/> Abrasion/cut resistance <input type="checkbox"/> Other:
		<u>With:</u> <input type="checkbox"/> Long sleeves

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<b>BODY/WHOLE</b>		
<u>Work activities such as:</u> <input type="checkbox"/> building maintenance <input type="checkbox"/> construction <input type="checkbox"/> logging <input type="checkbox"/> computer work <input type="checkbox"/> working outdoors <input type="checkbox"/> utility work <input type="checkbox"/> other:	<u>Work-related exposure to:</u> <input type="checkbox"/> working from heights of 10 feet or more <input type="checkbox"/> impact from flying objects <input type="checkbox"/> impact from moving vehicles <input type="checkbox"/> sharps injury <input type="checkbox"/> blood <input type="checkbox"/> electrical/static discharge <input type="checkbox"/> hot metal <input type="checkbox"/> musculoskeletal disorders <input type="checkbox"/> sparks <input type="checkbox"/> chemicals <input type="checkbox"/> extreme heat/cold <input type="checkbox"/> elevated walking/working surface <input type="checkbox"/> working near water <input type="checkbox"/> injury from slip/trip/fall <input type="checkbox"/> other:	<u>Can hazard be eliminated without the use of PPE?</u> Yes <input type="checkbox"/> No <input type="checkbox"/>  <u>If no, use:</u> <input type="checkbox"/> Fall Arrest/Restraint <input type="checkbox"/> Traffic vest <input type="checkbox"/> Static coats/overalls <input type="checkbox"/> Flame resistant jacket/pants <input type="checkbox"/> Insulated jacket <input type="checkbox"/> Cut resistant sleeves/wristlets <input type="checkbox"/> Hoists/lifts <input type="checkbox"/> ergonomic equipment: _____ <input type="checkbox"/> Other:
<b>LUNGS/RESPIRATORY</b>		
<u>Work activities such as:</u> <input type="checkbox"/> cleaning <input type="checkbox"/> mixing <input type="checkbox"/> painting <input type="checkbox"/> fiberglass installation <input type="checkbox"/> compressed air or gas operations <input type="checkbox"/> confined space work <input type="checkbox"/> floor installation <input type="checkbox"/> ceiling repair <input type="checkbox"/> working outdoors <input type="checkbox"/> other:	<u>Work-related exposure to:</u> <input type="checkbox"/> dust or particulate <input type="checkbox"/> toxic gas/vapor <input type="checkbox"/> chemical irritants (acids) <input type="checkbox"/> welding fume <input type="checkbox"/> asbestos / <input type="checkbox"/> pesticides <input type="checkbox"/> organic vapors <input type="checkbox"/> oxygen deficient environment <input type="checkbox"/> paint spray <input type="checkbox"/> extreme heat/cold <input type="checkbox"/> other:	<u>Can hazard be eliminated without the use of PPE?</u> Yes <input type="checkbox"/> No <input type="checkbox"/>  <u>If no, use:</u> <input type="checkbox"/> Dust mask <input type="checkbox"/> Disposable particulate respirator <input type="checkbox"/> Replaceable filter particulate w/cartridge _____ <input type="checkbox"/> half faced <input type="checkbox"/> full face <input type="checkbox"/> PAPR (Air recycle) <input type="checkbox"/> PPSA (Air supply)

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		Next Review Date:	8-25-20
Preparation: Safety Mgr	Authority: President	Issuing Dept: Safety	Page: Page 12 of 12

<b>EARS/HEARING</b>		
<u>Work activities such as:</u> <input type="checkbox"/> generator <input type="checkbox"/> ventilation fans <input type="checkbox"/> motors <input type="checkbox"/> sanding <input type="checkbox"/> sparks <input type="checkbox"/> pneumatic equipment <input type="checkbox"/> punch or brake presses <input type="checkbox"/> use of conveyors <input type="checkbox"/> other:	<input type="checkbox"/> grinding <input type="checkbox"/> machining <input type="checkbox"/> routers <input type="checkbox"/> sawing	<u>Work-related exposure to:</u> <input type="checkbox"/> loud noises <input type="checkbox"/> loud work environment <input type="checkbox"/> noisy machines/tools <input type="checkbox"/> punch or brake presses <input type="checkbox"/> other:
<u>Can hazard be eliminated without the use of PPE?</u> Yes <input type="checkbox"/> No <input type="checkbox"/>  <u>If no, use:</u> <input type="checkbox"/> ear muffs <input type="checkbox"/> ear plugs <input type="checkbox"/> leather welding hood		