

PERSONAL PROTECTIVE EQUIPMENT COMPLIANCE PACKAGE

Introduction:

This guide will assist you in developing and implementing an OSHA compliant **Personal Protective Equipment Program** in accordance with Title 29 CFR 1910.132 to 1910.140.

The following includes a step-by-step assessment with worksheets. The assessment is mandatory for each type of protective equipment used in the workplace. Also included is a menu of components that make up your Personal Protective Equipment Program.

COMPONENTS OF A PERSONAL PROTECTIVE EQUIPMENT PROGRAM

- I. Data & Documentation Review**
- II. On-Site Hazard Assessment**
- III. Elimination of Identified Hazards & Potential Risks**
- IV. Selection of Appropriate Personal Protective Equipment**
- V. Associate Training on Personal Protective Equipment**

I. Data & Documentation Review

Review your OSHA 300 Log, workers' compensation claims and accident/ incident reports to determine the types of injuries your hotel has experienced. Look for trends, common injuries, non-routine injuries, and even potential injuries that may not have been manifested yet. (Refer to Chart 1: Injury Data Review Sheet). Review previous industrial hygiene surveys, safety evaluations, or safety committee meeting notes to provide as much of a background as possible for the on-site evaluation.

II. On-Site Hazard Assessment

Audit each work location and job task for safety and health hazards. Assign an individual to observe work processes and identify potential hazards for each job task. The observations should be task and area based. Identify the individual, as well as any person working in or passing through the area who are similarly directly exposed. The observer should be acquainted with the process and should ask questions of those being observed, on how they should conduct their tasks, and what health and safety concerns they may have. Any relevant comments should also be noted.

Inventory and note all sources of: Motion, Temperature Extremes, Chemical Exposure, Falling Objects, Sharp Objects, Rolling or Pinching Objects, Ionizing and Non-ionizing Radiation. Inventory and note all sources that result in: Impact, Penetration, Compression, Chemical and harmful Dust Exposure (Refer to Chart 2: On-Site Hazard Assessment)

III. Elimination of Identified Hazards or Potential Risks

Attempt to eliminate the need for protective equipment by installing engineering controls, or re-designing work stations, or administratively rotating and re-scheduling workers to spread marginal exposures so that ultimate risks are negligible. *Consider:* Machine Guards, Netting, Ventilation Systems, Chemical Substitution, Work Task Re-Design. Record findings in the Hazard Elimination portion of the *Hazard Assessment Chart*.

IV. Selection of Appropriate Personal Protective Equipment

If the hazard cannot be adequately engineered out of the process, or if PPE is used in conjunction with existing hazard abatement efforts, select the appropriate PPE, i.e. eye face, foot protection, protective clothing, etc. If you determine that a type of personal protective equipment is required to protect against a chemical hazard, you must determine the chemical resistance of the PPE material or article to the specific chemical. You will need to review the chemical permeation rates and breakthrough times for the protective equipment. *Breakthrough time is the time it takes a chemical to pass through protective equipment.* Permeation rate is the speed by which a chemical move through a sample of PPE.

If you are unsure of the specific type or level of PPE you should use, refer to the MSDS for guidance. There is a section on PPE on the MSDS that should instruct you as to what type of PPE is necessary, and when. If you are unsure of the breakthrough times and how to determine chemical resistance of the PPE, or if you are still uncertain of the type and level of PPE, or if the MSDS is not clear, or the situation is more complex than the MSDS addresses, you may contact Corporate to consult with health and safety risk management consultants.

Please note that required PPE is the financial responsibility of the employer, and the cost cannot be passed onto associates unless equipment is deemed non-essential. Record selected PPE in the appropriate portion of the *Hazard Assessment Chart*.

NOTE: The use of respirators or hearing protectors to reduce or eliminate chemical exposure or noise hazards both require additional documentation, medical clearance and baseline audiograms, and implementation of a Respiratory Protection Program, or a Hearing Conservation Program respectively.

If you believe that you may require the use of respirators or hearing protection, please contact Corporate for assistance in determining your needs, and furnishing you with the documentation and guidance you will require to develop, implement and maintain such mandatory programs, and provide you with further references as necessary.

V. Associate Training

All affected associates must be trained annually on the need for, the appropriate use of, and maintenance of, the personal protective equipment issued to them. (*Refer to Chart 5: Associate Training*)

Reviewed by:

_____	_____	_____
Name	Title	Date

_____	_____	_____
Name	Title	Date

_____	_____	_____
Name	Title	Date

**PERSONAL PROTECTIVE EQUIPMENT PROGRAM
CHART 1 - INJURY DATA REVIEW SHEET**

*OSHA 300 Log Review
Top 10 Most Frequently Reported Injuries*

*OSHA 300 Log Review:
Top 10 Most Time Lost Injuries*

1 _____	1 _____
2 _____	2 _____
3 _____	3 _____
4 _____	4 _____
5 _____	5 _____
6 _____	6 _____
7 _____	7 _____
8 _____	8 _____
9 _____	9 _____
10 _____	10 _____

Workers' Compensation Most Frequent Injuries: Most Costly Injuries:

1 _____	1 _____
2 _____	2 _____
3 _____	3 _____
4 _____	4 _____
5 _____	5 _____
6 _____	6 _____
7 _____	7 _____
8 _____	8 _____
9 _____	9 _____
10 _____	10 _____

Previous review notes from surveys, committee meetings, etc.: _____

CERTIFICATION OF WORKPLACE HAZARD ASSESSMENT

**AS PER OSHA STANDARD 1910.132
PERSONAL PROTECTIVE EQUIPMENT STANDARD**

I hereby verify that I performed the required workplace hazard assessment as documented in the following pages identified as *Chart 2: On-Site Hazard Assessment*, at

_____, located at _____

_____, on _____, 20_____.

Name: _____

Title: _____

Date: _____

**PERSONAL PROTECTIVE EQUIPMENT PROGRAM
CHART2: ON-SITE HAZARD ASSESSMENT**

Date: _____ Observer: _____ Duration: _____

Time: _____ Location: _____ Task: _____

Source of Hazard & Description (check and make notes):

____ Motion- _____

____ Temperature Extremes- _____

____ Chemical Exposure- _____

____ Falling Objects- _____

____ Sharp Objects- _____

____ Rolling or Pinching Objects- _____

____ Ionizing/Non-ionizing Radiation- _____

Hazards Resulting in:

____ Impact- _____

____ Penetration- _____

____ Compression- _____

____ Chemical and Harmful Dust Exposure- _____

Type of Injury:

Location of Injury:

Seriousness of Injury:

____ Cuts/Laceration

____ Hand/Finger

____ Amputation

____ Abrasions

____ Face

____ Fracture

____ Punctures

____ Eye

____ Blindness

____ Skin Absorption

____ Head

____ Scarring

____ Chemical Burn

____ Skin

____ Dermatitis

____ Thermal Burn

____ Foot

____ Other- _____

____ Temperature Extremes

____ Arms/Legs

____ Other- _____

Can equipment or Task be Modified to Design the Hazard out of the Process? Y / N

(machine guards, netting, ventilation systems, chemical substitution, task re-design)

Type of PPE Required: _____

**CERTIFICATION OF TRAINING FOR:
PERSONAL PROTECTIVE EQUIPMENT**

Training Content:

1. When PPE is necessary
2. What PPE is necessary
3. How to properly don, doff, adjust and wear PPE
4. The limitations of the PPE
5. The proper care, maintenance, useful life and disposal of the PPE

Hotel Name: _____

Training Date: _____ Trainer: _____

Associate Name

Title

Dept.

1 _____

2 _____

3 _____

4 _____

5 _____

6 _____

7 _____

8 _____

9 _____

10 _____

11 _____

12 _____

13 _____

14 _____

15 _____

16 _____

17 _____

18 _____