Checklist of E/OHS Activities for Personal Protective Equipment

Program Contact Person: Barry Gappa

Is the Personal Protective Equipment Plan in place? Yes No N/A

Is the Plan current? Yes No N/A

Has the Plan been reviewed this school year? Yes No N/A

Has a survey of potential workplace hazards been completed? Yes No N/A

 Date(s) activity was conducted: 2/21/2017\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have recommendations been completed for appropriate equipment? *Yes No*

Has training been completed for the following departments?

 Art and Photo Yes No N/A

 Custodial Yes No N/A

 Grounds keeping/Garage Yes No N/A

 Kitchen Yes No N/A

 Maintenance Yes No N/A

 Science Laboratories Yes No N/A

 Technical Education Yes No N/A

 Transportation Yes No N/A

**Personal Protective Equipment Assessment**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Location:****Custodial Office** | **Location:****Kitchen** | **Location:****Shop** | **Location:****Laboratory/Chemistry** |
| **Employee:****Barry Gappa/staff** | **Employee: Barb Rosin** | **Employee: Pat Kerney** | **Employee:****Jeff Ehmke, Dana Smith** |
| **Hand** | **Nitrile** | **X** | **X** |  |  |
| **Latex** |  |  |  |  |
| **Vinyl** |  | **X** |  |  |
| **Leather** | **X** |  | **X** | **X** |
| **Neoprene** |  | **X** |  | **X** |
| **Face** | **Respirator** | **X** |  | **X** |  |
| **Splash** |  | **X** |  | **X** |
| **Shield** | **X** |  |  | **X** |
| **Ear** | **Muffs** | **X** |  | **X** |  |
| **Plugs** | **X** | **X** | **X** |  |
| **Body** | **Neo Apron** |  | **X** | **X** | **X** |
| **Denim** |  |  | **X** |  |
| **Foot** | **Steel Toes** |  |  |  |  |
| **Metatarsal** |  |  |  |  |
| **Head** | **Hard Hat** |  |  |  |  |
| **Hazard(s)** | **Body fluids, electrical, heat, noise, chemicals** |  **heat, noise, chemicals** | **Body fluids, electrical, heat, noise, chemicals** | **chemicals** |
| **Comments on****Availability,****Condition, &****Storage** | **Good** | **Good** | **Good** | **Good** |

**Personal Protective Equipment Assessment**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Location:****Boiler Room** | **Location:****Maintenance** | **Location:****Tech Shop** |
| **Employee:****Barry Gappa/staff** | **Employee:** Barry Gappa/Staff | **Employee:****Pat Kerney** |
| **Hand** | **Nitrile** |  | **X** |  |
| **Latex** |  |  |  |
| **Vinyl** | **X** |  |  |
| **Leather** | **X** |  | **X** |
| **Neoprene** |  |  |  |
| **Face** | **Respirator** |  | **X** |  |
| **Splash** |  |  | **X** |
| **Shield** | **X** |  | **X** |
| **Ear** | **Muffs** |  |  |  |
| **Plugs** |  |  | **X** |
| **Body** | **Neo Apron** | **X** |  |  |
| **Denim** |  |  |  |
| **Foot** | **Steel Toes** |  |  |  |
| **Metatarsal** |  |  |  |
| **Head** | **Hard Hat** |  |  | **X** |
| **Hazard(s)** | **Splash****Caustic** | **electrical, heat, noise, chemicals** | **Impact** |
| **Comments on****Availability,****Condition, &****Storage** | **Good** | **Good** | **Good** |

**Completed by: Brian Parrie** **Date: 2/21/17**