## Checklist of E/OHS Activities for Personal Protective Equipment

Program Contact Person: Eddie Jaskowiak

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: 11/20/2018

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

Has training been completed for the following departments?

| | |
|---|---|
| Art | Yes No N/A |
| Custodial | Yes No N/A –Eddie Jaskowiak |
| Grounds keeping/Garage | Yes No N/A-Eddie Jaskowiak |
| Kitchen | Yes No N/A |
| Maintenance | Yes No N/A-Eddie Jaskowiak |
| Science Laboratories | Yes No N/A-Jordan Berg |

Has training been scheduled or completed for this school year? *Yes No N/A*

Date: Fall 2018

Presenter: _____

# Personal Protective Equipment Assessment

| | | Location: Maintenance Building/Custodial | Location: Science Labs | Location: Kitchen | Location: Shop |
|---|---|---|---|---|---|
| | | Employee: Eddie Jaskowiak | Employee: Jordan Berg | Employee: Sue Evers | Employee: NA No Teacher |
| Hand | Nitrile | X | X | | |
| | Latex | | | X | |
| | Vinyl | X | | X | |
| | Leather | X | | | |
| | Neoprene | X | | X | |
| Face | Impact | X | | | |
| | Splash | X | | | |
| | Shield | | | | |
| | Goggles | X | X | X | |
| Ear | Muffs | X | | | |
| | Plugs | X | | | |
| Body | Neo Apron | | X | X | |
| | Denim | | | X | |
| | Plastic | | | X | |
| Foot | Steel Toes | | | | |
| | Metatarsal | | | | |
| Head | Hard Hat | | | | |
| Hazard(s) | | Sound, heat, impact, chemical | Heat, chemical, impact, vapor | Heat, chemical | Heat, chemical, impact |
| Comments on Availability, Condition, & Storage | | **Good** | **Good** | **Good** | **Good** |

**Completed by** Shane Carlson **Date** 11/20/2018