Checklist of E/OHS Activities for Personal Protective Equipment

Program Contact Person: Eddy 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: 09/24/2020

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 2020

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			
	Mask	x	X	X	
	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** 09/24/2020