Checklist of E/OHS Activities for Personal Protective Equipment

Program Contact Person: Jackie Probst

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: 02/04/2020

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

Has training been completed for the following departments?

Custodial Yes No N/A

Grounds keeping/Garage Yes No N/A

Kitchen Yes No N/A

Maintenance Yes No N/A

**Personal Protective Equipment Assessment**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | | **Location:**  **Maintenance**  **Building** | **Location:**  **Custodial/** | **Location:**  **Kitchen** | **Location:**  **Office** |
| **Employee: Tim Spencer** | **Employee: Tim Spencer** | **Employee: Carolyn Landberg** | **Employee: Jackie Probst** |
| **Hand** | **Nitrile** |  |  |  |  |
| **Latex** |  |  |  | **X** |
| **Vinyl** | **X** | **X** | **X** |  |
| **Leather** | **X** | **X** |  |  |
| **Neoprene** |  |  | **X** |  |
| **Face** | **Impact** | **X** | **X** |  |  |
| **Splash** |  |  | **X** |  |
| **Shield** |  |  |  |  |
| **Ear** | **Muffs** | **X** | **X** |  |  |
| **Plugs** | **X** |  |  |  |
| **Body** | **Neo Apron** | **X** | **X** |  |  |
| **Denim** |  |  |  |  |
| **Foot** | **Steel Toes** |  |  |  |  |
| **Metatarsal** |  |  |  |  |
| **Head** | **Hard Hat** |  |  |  |  |
| **Hazard(s)** | | Sound, heat, impact, chemical | Heat, chemical, impact, vapor, body fluids | Heat, chemical | Body fluids |
| **Comments on**  **Availability,**  **Condition, &**  **Storage** | | **Some items missing. Could use an eyewash in the boiler room**  **Principal was informed**  **4-23-18** | **Good** | **Missing eyewash in the food service area**  **Principal was informed**  **4-23-18** |  |

**Completed by** Shane Carlson **Date** 02-04-2020