

Michigan Municipal Workers' Compensation Fund

Safety and Health Resource Manual

Sample Personal Protective Equipment Policy And Program

Name of Municipality

Purpose

The purpose of the PPE Program is to protect visitors and the employees of [Name of Municipality] from the occupational hazards within the workplace by providing protective equipment (PPE). It is our goal to use engineering controls as the primary method for protecting employees. However, when additional protection is necessary, employees will wear PPE. The scope of this program includes PPE for eye, face, head, foot, and leg and hand protection. If respirators and/or hearing protection is necessary, the organization's Respiratory Program and Hearing Conservation program, respectively, will cover their use.

Responsibility

The person responsible for coordinating the program is [Job Title]. This person will make certain that hazard assessments are conducted, appropriate PPE is assigned, and affected employees receive training. The responsible person will also be in charge of maintaining the documentation for this program.

Department managers should advise the responsible person of changes in the requirements for PPE (for example, new procedures, processes requiring PPE, omission of a job or task). Additionally, managers should consult with the responsible person before purchasing any new PPE.

Hazard Assessments

Each task and/or job will be assessed to determine foot, head, eye, face, and hand hazards present and the proper PPE that should be worn. The assessments will include observation of the following sources of hazards:

Impact: Flying chips, objects, dirt, particles, collision, motion hazards.

Penetration: Falling/dropping objects, sharp objects that cut or pierce.

Compression: Rollover or pinching.

Chemical: Splashing, burns, fumes.

Temperature Extremes: Sparks, splashes from molten materials, burns from high/low temperatures

Harmful Dust: Dirt, particles, asbestos, lead

Light Radiation: Welding, cutting, brazing, lasers, furnaces, lights

A Hazard Assessment form will be completed for each job and/or task and will serve as certification that a hazard assessment has been performed.

The person conducting the hazard assessment will also survey jobs that are non-routine or periodic. In some cases these assessments may not be completed until the jobs are scheduled.

Hazard assessments will be update/evaluated whenever conditions or procedures change.

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Selection of PPE

The responsible person will make certain that the personal protective equipment in use is appropriate for the identified tasks, provides a level of protection that meets or exceeds the minimum required to protect employees from the hazards, and meets all MIOSHA/ANSI requirements as specified in MIOSHA's PPE standard.

Training and Fit Testing

The responsible person will make certain that all affected employees receive training on

- What PPE is necessary and why
- How to wear PPE properly
- PPE limitations and capabilities, and
- PPE care and maintenance.

Each employee will demonstrate that he or she understands the training and will sign the PPE Assignment, Training, and Fit-Test Form. The information on the form will include the name of the employee, the date(s) of training, and the type of PPE the employee is certified to wear.

Training will be repeated under the following conditions:

- Changes in the workplace that make previous training obsolete new assignment for employee or change in job assignment/equipment.
- Incorrect use of failure to use equipment
- Introduction of new PPE

PPE Inspection, Cleaning and Maintenance

Employees will conduct inspection, cleaning, and maintenance of PPE at intervals according to the manufacturer's instructions. They will not use damaged or defective equipment.

Individuals with questions about the PPE Program and Policy should address them to the responsible person named above.

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Assignment, Training and Fit-Test Form

All affected employees receive training on Personal Protective Equipment. Training covers:

- When PPE is necessary
- What PPE is necessary and why
- How to wear PPE properly
- PPE limitations and capabilities
- PPE care and maintenance

Each employee is fitted properly with the assigned PPE.

The following individual has been assigned PPE, has been fit-tested and has received training.

Employee: _____ Training Date: _____

Name of Trainer: _____

The following is a list of the PPE that the employee has received.

Type of PPE	Date Issued	Manufacturer	Model	Serial or other #

I acknowledge that have been assigned the above named equipment. I have had the opportunity to be properly fitted. I also acknowledge that I understand the training my employer provided.

_____ Employee's Signature

_____ Date

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Training

Both supervisors and workers shall receive instruction from a qualified person.

Training Shall Include:

- Proper fitting instructions including hands on demonstration and practice in a normal atmosphere and finally in a test atmosphere.
- Discussion of the contaminant involved: including basic description, route of transmission, and its potential effects on the human body.
- Discussion of engineering and administrative controls involved.
- Discussion of the respirator selected, its function and limitations.
- Discussion regarding how to recognize and handle emergencies.
- Demonstrations and instructions in the proper care, maintenance, repair and storage of the respirator.

Periodic checks shall be done to verify worker diligence in observing proper respirator procedures. Training should be reinforced periodically; i.e. annually or whenever there is a process or respirator change.

_____ will maintain **appropriate documentation** on all training procedures.

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Personal Protective Equipment -- Hazard Assessment

Organization Name: _____

Date of Assessment: _____

Site of Evaluation: _____

Name of Person Completing the Assessment: _____

Job Classification or Workstation	Hazard Source and Type	Body Part Affected	PPE Required Yes or No	Type of PPE Required

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Personal Protective Equipment Worksheet

Employer:			
Location:			
Workplace Assessed:			
Date(s):			Hazards Assessed By:
EYE HAZARDS?	YES	NO	REQUIRED PPE -- EYE
Frontal & side impact			
Electrical arc			
Molten metal			
Chemical splash			
Injurious light/heat radiation			
Suspended particles			
Extreme hot/cold splash			
Other:			
Other			
FACE HAZARDS?	YES	NO	REQUIRED PPE -- FACE
Projectile impact			
Chemical splash			
Hot/cold splash			
Electrical arc			
Injurious heat radiation			
Other:			
Other:			
FOOT HAZARDS?	YES	NO	REQUIRED PPE -- FOOT
Falling objects			
Rolling objects			
Electrical contact			
Sole puncture			
Other:			
Other:			

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Personal Protective Equipment Worksheet, 2

HAND HAZARDS?	YES	NO	REQUIRED PPE -- HAND
Barrier			
Bump contact			
Chemical burns			
Cover			
Electrical contact			
Extreme Cold			
FALL HAZARDS?	YES	NO	REQUIRED PPE
Gloves			
Hair enclosures			
HEAD HAZARDS?	YES	NO	REQUIRED PPE -- HEAD
Hood			
Hoods			
Insulating blanket			
Lanyards			
Lifelines			
Line hose			
Matting			
Overhead falling objects			
Puncture			
Safety belts			
Safety Harness			
Severe abrasions			
Severe lacerations			
Side flying projectiles			
Skin absorption			
Sleeves			
SPECIAL ELECTRICAL HAZARDS?	YES	NO	REQUIRED PPE
Thermal burns			

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PPE Training

Name	Date	Employee #	TRAINER	TRAINED IN PPE						

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**Certification of Safety-Related
Personal Protective Equipment
Hazard Assessment**

Employer:

Location:*

Workplace Assessed/Evaluated

Dates:

**Name of Person Conducting
Assessment:**

**This document certifies that _____ has
performed the PPE Hazard Assessment as required by MIOSHA.**

Name of Person Certifying

* or type of work if employees do not work in fixed locations