

Codes:	R= Required	P= Required for posted areas/operations	* See Supervisor for recommended type
	G= Generally Recommended	A= As SDS (Safety Data Sheet)recommends	

Job Function/Operations	Safety Shoes	Safety Glasses	Goggles*	Face Shield	Apron/ Smock*	Gloves*	Filtering Face piece	Respirator*	Hard Hat	Hearing Protection	Other (See Below)
Aerial Lift	R								R		Fall Protection
Battery Maintenance on Equipment			R	G	R	R					
Chemical Mixing and Use – including Gasoline, Diesel Fuel, Motor Oil, Lubricants, Solvents, Fertilizers, Field Marking and other Paints			R	R	R	R		A			SDS check required for specific glove and respirator cartridge requirements.
Climbing Ladders	R										Follow Ladder Safety Guidelines
Crisis Response	R	R				R					
Fire Drill Team										R	
Fork Lift	R								R	G	
Hand Tools	R	R				G					Do not use gloves if interferes with ability to operate equipment.
Lifting/carrying	R					R					
Metal Grinding, Chipping	R	R		R	R	R				R	
Moving Equipment	R					R					
Power Hand Tools	R	R				G	R			R	Do not use gloves if interferes with ability to operate equipment.
Rakes, forks, shovels	R					R					Long pants - due to insects and plant toxins. Sunscreen.

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Roof Access	R	R				R					Fall Protection, Weather Appropriate Clothing. Sunscreen.
Trash Removal, Change Liners	R	R				R					
Snow Removal	R					R				R	Weather Appropriate Clothing, Seat Belt Use Required in District Vehicles

This document constitutes the findings and certification of that hazard assessment according to the requirements of OSHA 29 CFR 1910.132(d)(2), ONLY. In addition, proper PPE selection, fitting, utilization and communication must be accomplished in accordance with other requirements of 29 CFR 1910 Subpart I. **For Bloodborn Disease, see Exposure Control Plan for PPE specifications.** Most Health & Safety Plans and Procedures can be found online: <https://www.monroe.edu/site/Default.aspx?PageType=1&SiteID=8&ChannelID=1459&DirectoryType=6>. Please see your supervisor for further questions and information.

I have received this document and understand the requirements for personal protective equipment.

Printed Name Above _____

- Temporary, Contract or Summer Worker
- Security
-

District Wide

Signature _____

Date _____

Job Title Checked with Location(s) Inserted Above