

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)
Chemical Mixing	R - Non Skid Rubber		R	G	G	A - See SDS for required gloves					
Climbing Ladders / Step Stools	R - Non Skid Rubber										Follow Ladder Safety Guidelines
Dish Washing Machine Maintenance	R - Non Skid Rubber		R		G	R					
Empty Trash / Change Liners	R - Non Skid Rubber					G					
Freezer Work	R - Non Skid Rubber					R					
Hand Dish Washing	R - Non Skid Rubber					G					
Knife Use	R - Non Skid Rubber					R - Cut Resistant Gloves					
Lifting/Carrying	R - Non Skid Rubber					G					
Machines with Cutting Blades	R - Non Skid Rubber					R - Cut Resistant Gloves					Equipment guards must not be removed.
Mopping Floors	R - Non Skid Rubber		R			G					Post Wet Floor Signage
Moving Equipment	R - Non Skid Rubber					G					
Oven Work	R - Non Skid Rubber				G - Heat Resistant Sleeves	R - Heat Resistant					Hot pads as needed
Stove work	R - Non Skid Rubber				G - Heat Resistant Sleeves	R - Heat Resistant					Hot pads as needed

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Working with Cold Temperatures	R - Non Skid Rubber				G - As Needed	R - Cold Resistant					Thermometer as needed
Working with Hot Temperatures	R - Non Skid Rubber				G - As Needed	R - Heat Resistant					Hot pads as needed, thermometer as needed

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
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**District Wide**

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Job Title Checked with Location(s) Inserted Above**