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|--------|--------------------------|--|---------------------------------------|
| 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) |
|---|---------------------|----------------|----------|-------------|-----------------------------|---------------------------------|----------------------|-------------|----------|--------------------|---------------------------------------|
| Climbing Ladders / Step Stools | R - Closed Toe Shoe | | | | | | | | | | Follow Ladder Safety Guidelines |
| Glassware Washing | R - Closed Toe Shoe | R | | | R | R - Heavy Rubber Gloves | | | | | |
| Knife Use | R - Closed Toe Shoe | | | | | R - Cut Resistant Gloves | | | | | |
| Lifting/Carrying | R - Closed Toe Shoe | | | | | G | | | | | |
| Machines with Cutting Blades | R - Closed Toe Shoe | | | | | R - Cut Resistant Gloves | | | | | Equipment guards must not be removed. |
| Working with Blood, Body Fluids or Other Potentially Infectious Materials | R - Closed Toe Shoe | | R | G | G | A - See SDS for required gloves | | | | | |
| Working with Cold Temperatures (Freezers, Dry Ice) | R - Closed Toe Shoe | R | | | G - Warm Clothing As Needed | R - Cold Resistant | | | | | |
| Working with Corrosive Chemicals | R - Closed Toe Shoe | | R | R | R | A - See SDS for required gloves | | | | | |

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|--|---------------------|----------------|-----------------------------|-------------|---------------|---------------------------------|----------------------|-------------|----------|--------------------|---|
| Working with Cryogenic Liquids | R - Closed Toe Shoe | | R | R | R | R - Heavy Insulated Gloves | | | | | |
| Working with Hazardous Powder Chemicals | R - Closed Toe Shoe | | R | | R | A - See SDS for required gloves | | | | | |
| Working with Hot Temperatures (Autoclave, Oven, Bunsen Burner, Water Bath, etc.) | R - Closed Toe Shoe | R | R - If splash hazard exists | | R | R - Heat Resistant | | | | | Hot pads as needed |
| Working with Laser Radiation | R - Closed Toe Shoe | | R | | R | | | | | | Appropriate shaded goggles with optical density based on individual beam parameters |
| Working with Low Hazard Chemicals - High Probability if Splash Exists | R - Closed Toe Shoe | | R | R | R | A - See SDS for required gloves | | | | | |
| Working with Low Hazard Chemicals - Low Probability if Splash Exists | R - Closed Toe Shoe | | R | G | G | A - See SDS for required gloves | | | | | |
| Working with Organic Solvents | R - Closed Toe Shoe | | R | G | G | A - See SDS for required gloves | | | | | |
| Working with Radioactive Materials | R - Closed Toe Shoe | R | R - If splash hazard exists | | R | A - See SDS for required gloves | | | | | |

**Personal Protective Equipment
Hazard Assessment and PPE Selections**

| | | | |
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|------------------------------------|---------------------|----------------|----------|--------------------|--------------|---------|----------------------|-------------|----------|--------------------|---------------------------------------|
| Working with Ultraviolet Radiation | R - Closed Toe Shoe | | R - UV | R - UV Face Shield | R | | | | | | |
| Wood Working | R | R | | G | | R | G | | | R | Equipment guards must not be removed. |

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 _____

- Substitutue Teacher
- Long-term Substitutue Teacher
- Teacher

District Wide

Signature _____

Date _____

Job Title Checked with Location(s) Inserted Above _____