

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					
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 Corrosive Chemicals	R - Closed Toe Shoe		R	R	R	A - See SDS for required gloves					
Working with Hazardous Powder Chemicals	R - Closed Toe Shoe		R		R	A - See SDS for required gloves					

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Working with Low Hazard Chemicals - High Probability of Splash Exists	R - Closed Toe Shoe		R	R	R	A - See SDS for required gloves					
Working with Low Hazard Chemicals - Low Probability of 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 Ultraviolet Radiation	R - Closed Toe Shoe		R - UV	R - UV Face Shield	R						

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 _____

Signature _____

- Substitutue Teacher
- Long-term Substitutue Teacher
- Teacher

District Wide

Date _____

Job Title Checked with Location(s) Inserted Above