

Calvin College Personal Protective Equipment Policy		Revision	
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1.0 POLICY

The policy of Calvin College is to comply with applicable standards to ensure there are no adverse affects to the Calvin Community or general public (General Industry Personal Protective Equipment MIOSHA Part 33; Construction Personal Protective Equipment MIOSHA Part 6).

2.0 PURPOSE

The purpose of this procedure is to establish requirements for personal protective equipment (PPE) to be selected, trained and supplied to associates as appropriate to protect them against evaluated hazards. This policy includes eye, head, hand, body, and foot protection. It excludes respiratory protection, fall protection, and hearing protection, which are contained in separate policies.

3.0 SCOPE

This policy is applicable to all staff, faculty, and student workers at Calvin.

4.0 DEFINITIONS

Hazard: A possible source of danger that may cause injury or illness.

Hazard Assessment (HA): A written evaluation of the potential physical chemical, or other hazards associated with work tasks to determine corresponding PPE requirements.

Personal Protective Equipment (PPE): Equipment or clothing worn to protect or decrease the likelihood of significant injury or illness from a hazard(s). The PPE may be designed to protect specific parts of the body such as eyes, face, head, body, hands, and feet.

5.0 RESPONSIBILITIES

- General
 - Comply with the personal protection plan and any further safety procedures/recommendations provided by your Supervisor, Director/Department Head, or EHS regarding the use of personal protective equipment.

- Wear all assigned personal protection equipment in the proper manner.
- Employees are required to provide reasonable care and maintenance of their PPE.
- Ask your Supervisor, Director/Department head, or EH&S any questions or concerns related to personal protective equipment.
- Environmental, Health and Safety
 - Review the personal protective equipment plan and materials periodically and revise as needed.
 - Maintain PPE inventory and provide equipment when needed.
 - Coordinate Hazard Assessments, situational assessments, or monitoring as needed.
 - Provide assistance to any Department or individual requesting guidance or training to satisfy the implementation of this plan.
 - Provide initial and refresher training as needed and keep training records on file.
- Directors and Department Heads
 - Provide administrative and financial support for this program within individual departments.
 - Ensure the personal protective equipment plan is implemented and maintained within the department.
 - Perform a Hazard Assessment whenever there is a new or changed task, process, equipment, or PPE within or performed by the department. EHS can assist in completing these.
 - Maintain PPE for your department.
 - Ensure that employees are informed, trained, and provided with the appropriate PPE.
 - Ask EHS if you have any questions or concerns related to PPE.
- Supervisors
 - Use the task specific Hazard assessment when determining PPE for personnel.
 - Support the PPE plan and ensure your employees are in compliance.
 - Ask your Department Chair or EHS if you have any questions or concerns related to PPE.

6.0 GENERAL PROCEDURES

- All PPE shall be chosen based on the type of hazard(s) present.
- Refer to material safety data sheets for specifications on personal protective equipment or contact EHS.

- Each employee is responsible for the proper wear and upkeep of their PPE. Items that have been subject to breakage or deterioration will be replaced by the department by exchanging the damaged/deteriorated item.
- Inspect all equipment for damage before use.

7.0 SPECIFIC PROCEDURES

- **Foot Protection**
 - Employees shall wear adequate foot protection when working in areas where there is a danger of falling or rolling objects, objects piercing the sole, electrical hazards, chemical hazards, or slipping hazards. Foot protection may be required when lifting, carrying, or otherwise handling materials or equipment that could be dropped or mishandled, causing significant impact.
 - Footwear must be of a design, construction, and material appropriate to the protection required. Safety footwear shall comply with ANSI Z41.1-1991 “American National Standard for Personal Protection-Protective Footwear”.
 - Protective footwear shall be worn by any college employee prior to entering an area under construction or renovation.
 - Visitors are not required to wear safety shoes except for construction areas, with the understanding that visits are brief and that the Calvin host is with the visitor at all times, and that the Calvin host will keep the visitors away from foot hazards.
- **Head Protection**
 - If there is a chance that objects (tools, debris, and materials) can fall to a lower elevation employees working at the lower levels must wear head protection.
 - Head protection is also needed if there are low hanging hazards such as pipes or if there is a possibility of accidental head contact with an electrical hazard.
 - Hard hats are required for any college personnel entering an area under construction or renovation, or any area where there is a potential for injury to the head from falling objects.
- **Eye and Face Protection**
 - Eye or face protection meeting the requirements of ANSI Z87.1 is required when employees are exposed to hazards from flying particles, molten metal, biohazards, liquid chemicals, chemical gases or vapors, glare, electrical flash, injurious radiation.
 - PPE shall be distinctly marked to identify the manufacturer and safety specifications to which it complies.

- Those with prescription glasses shall wear goggles/ face shield over their regular glasses or wear approved prescription safety glasses with side shields.
- Face shields may also be required depending on the potential hazard. Face shields should never be used as primary eye protection.
- Hand Protection
 - Appropriate hand protection shall be worn to protect against chemical contact, severe cuts or lacerations, punctures, harmful temperature extremes, or aid gripping abilities.
 - Chemical resistant gloves must be rated or compatible for the specific chemical(s) being used. Note: When selecting chemical-resistant gloves, be sure to consult the manufacturer's recommendations, especially if the gloved hand(s) will be immersed in the chemical.
 - Gloves are not permitted when operating equipment such as drill press, lathes, or other equipment with exposed rotating parts that could draw the glove into the parts.
- Body Protection
 - Suits/ jackets/aprons meet required regulations and are worn to prevent clothing or body contact such as contact with chemicals, blood-borne pathogens, radiation, puncture, and other sources.
 - There may be occasions when full body coverage is required. Disposable suits, "booties" (shoe covers), respirators and gloves may be required to prevent contamination of clothing and exposed body parts.
- Obtaining PPE
 - All PPE shall be provided initially by EHS and then replaced by the employee's department. The exceptions to this are safety shoes and prescription glasses.
 - A supervisor shall use the task corresponding written hazard assessment to determine PPE type and if needed fill out Appendix B Personal Protective Equipment Assignment, Fit-Test or Training Form.
 - Boots/Shoes
 - Employees are responsible for purchasing foot protection for themselves.
 - Reimbursements are provided through EHS. Students are reimbursed up to \$50 and faculty/staff are reimbursed up to \$100.
 - Prescription Glasses
 - Fill out Appendix C: Prescription Safety Glasses Approval Form and bring it for approval to his/her supervisor and EHS.
 - Take a current (within a year) eye examination from their optometrist and a letter from EHS to the optical professional. The prescription style,

lens material, lens treatment, side shield style and frame style shall be selected with the optical professional.

- A receipt is needed for reimbursement of up to \$150 toward the prescription glasses. The employee is responsible for the cost of the examination, fitting and any cost above the \$150.

8.0 HAZARD ASSESSMENT

- A Hazard Assessment shall be performed for each job/task/operation within Calvin to identify PPE needs.
 - Supervisor or Department Chair shall fill out the Appendix A: Hazard Assessment & PPE Form. This may involve observing employee's performance, reviewing equipment and materials, reviewing Standard Operating Procedures, reviewing past related injuries or illnesses, and interviewing employees and supervisors. EHS is available to assist in completing the assessments.
 - Identify the potential health and safety hazards of each step in the job sequence, including the source of the hazard, the body parts, and the type of injury that can occur.
 - Based on the collected information, an assessment of the extent and severity of the hazards associated with the job/task/operation shall be performed considering:
 - The type and potential severity of the injury;
 - The frequency that the operation is performed and the probability that injuries will occur;
 - Accident history and personal exposure data;
 - The intensity of the hazard (e.g., mass of objects handle, temperature of surface, toxicity, concentration, etc.)
 - The completed and signed PPE worksite hazard assessment form will serve as the Certification of Hazard Assessment.
- A new PPE Hazard Assessment form will be performed for each job/task/operation periodically and when there is a new or changed process.

9.0 TRAINING

- Employees who are assigned personal protective equipment shall be knowledgeable of the following:
 - Purpose of the equipment
 - Proper selection, inspection, usage, storage, and disposal of the equipment
 - Calvin supplies/reimburses the equipment
 - Employee right to ask for PPE

- Task orientated information
- Information required by the government

10.0 APPENDICES

APPENDIX A – HAZARD ASSESSMENT FORM

APPENDIX B – PRESCRIPTION SAFETY GLASSES APPROVAL

11.0 HISTORY

Revision	Date	Description
1	7/7/2009	Formatting - changed Responsibilities - expanded Procedures - created Training - created Hazard Assessment - cut out specific hazards and added guidelines for HA application

Appendix A: Hazard Assessment & PPE Form Calvin College

Position or Job being assessed: *Enter name of position*

Evaluator: *Enter your name* **Date:** *Enter the date*

Department: *Enter your department*

Answer the following questions as accurately as possible based on walk through and interview

SITE EVALUATION

	Questions	Sample activities	Resulting hazards
<input type="checkbox"/> Y <input type="checkbox"/> N	Are there activities that produce flying fragments, objects or particles?	sawing, drilling, chipping, woodworking	Impact from flying fragments, objects
<input type="checkbox"/> Y <input type="checkbox"/> N	Does the layout of the workplace and/or location of co-workers present a potential risk of injury?	working below other workers	Impact from flying fragments, objects
<input type="checkbox"/> Y <input type="checkbox"/> N	Do you observe any sources of objects which might pierce the feet or cut the hands?	staple gun, woodworking, construction, repair	Penetration of nails, screws, sheet metal
<input type="checkbox"/> Y <input type="checkbox"/> N	Are there any sources of rolling or pinching objects which could crush the feet?	Packages, objects, parts, heavy tools	Compression or “roll-over” of heavy rolling objects
<input type="checkbox"/> Y <input type="checkbox"/> N	Are there twirling blades or parts that could cut or entrap body parts?	Mowing, edge trimming, wood chipping	Laceration from sharp edges rotating
<input type="checkbox"/> Y <input type="checkbox"/> N	Is there potential for injury to the head from falling objects, moving objects or electrical conductors?	Mowing near trees, overhead construction, demolition, low ceilings or mechanisms	Head injury from impact
<input type="checkbox"/> Y <input type="checkbox"/> N	Is there actual or potential exposure to chemicals?	Chemical applications, spraying, research, cleaning products	* Chemical splashes, irritating mists, direct contact with chemicals
<input type="checkbox"/> Y <input type="checkbox"/> N	Are there any sources of high temperatures that could cause burns, eye injury, ignition of protective equipment or heat stress?	Welding, casting, outdoor work, autoclaves	Heat , ie. hot sparks, splash, hot surfaces, open flame, sunburn, heat stress, steam
<input type="checkbox"/> Y <input type="checkbox"/> N	Are there any sources of harmful dust?	Sanding, grinding, general dusty conditions	Harmful dust , ie. sand, sawdust, nuisance dust
<input type="checkbox"/> Y <input type="checkbox"/> N	Are there sources of lead or asbestos particles?	Scraping lead paint, disturbing asbestos material	Harmful particles , ie. lead or asbestos
<input type="checkbox"/> Y <input type="checkbox"/> N	Are workers' hands exposed to lacerations, or abrasions?	Food preparation, grounds keeping, cutting tools	Laceration , abrasion
<input type="checkbox"/> Y <input type="checkbox"/> N	Do you observe any sources of light radiation?	Welding, furnaces, heat treating, high intensity lighting	Light (optical) Radiation , ie. Intense radiation, glare
<input type="checkbox"/> Y <input type="checkbox"/> N	Are there radioactive materials present?	x-ray machines, Alpha, Beta, Gamma, isotopes	Radiation exposure , ie. Inhalation, skin absorption, ingestion

<input type="checkbox"/> Y <input type="checkbox"/> N	Are there any electrical hazards?	Electricians, electrical repair	Electrical hazards including working with hot wires, conductors
<input type="checkbox"/> Y <input type="checkbox"/> N	Is there exposure to biological hazards?	Treating sick students, microbiology cultures, bloodborne pathogens, animal bites or contact, poisonous plants	Disease transmission , medical procedures, mosquito bites, allergic reactions
<input type="checkbox"/> Y <input type="checkbox"/> N	Are there potential fall hazards?	Ladders, scaffolds, catwalks, heights, edges, slippery surfaces, cluttered walkways, boom lifts	Slips, Trips or Falls
<input type="checkbox"/> Y <input type="checkbox"/> N	Are there excessive noise levels?	Boilers, blowers, dishwashers, mowers	Noise exposure

**If there are any chemical hazards present you must complete this section.*

CHEMICAL HAZARDS

Chemical Type	Present	Task/Job	Affected area (mark all that apply)
Compressed gas	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> eyes <input type="checkbox"/> lungs <input type="checkbox"/> skin
Carcinogen	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> eyes <input type="checkbox"/> lungs <input type="checkbox"/> skin
Corrosive	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> eyes <input type="checkbox"/> lungs <input type="checkbox"/> skin
Cryogenic	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> eyes <input type="checkbox"/> lungs <input type="checkbox"/> skin
Flammable/Combustible	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> eyes <input type="checkbox"/> lungs <input type="checkbox"/> skin
Highly Toxic	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> eyes <input type="checkbox"/> lungs <input type="checkbox"/> skin
Irritant	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> eyes <input type="checkbox"/> lungs <input type="checkbox"/> skin
Pesticide	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> eyes <input type="checkbox"/> lungs <input type="checkbox"/> skin
Pyrophoric	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> eyes <input type="checkbox"/> lungs <input type="checkbox"/> skin
Sensitizer	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> eyes <input type="checkbox"/> lungs <input type="checkbox"/> skin
Water Reactive	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> eyes <input type="checkbox"/> lungs <input type="checkbox"/> skin

Evaluator should review injury/accident data (available from EHS at 68591) to find out if there have been any injuries/accidents documented in the last calendar year sustained by employees holding the position being evaluated.

INJURY DATA

Injury/Illness	Object or substance that caused injury/illness	Body part affected

If “No” is your answer to each of the questions so far, and there have been no documented injuries/accidents for this job description in the past year:

- *Print this form then sign and date below to certify that the Safety-related PPE Hazard Assessment is complete.*
- *The original form is to be sent to the EHS office.*
- *A copy is used in the department for training and reference.*

Notes:

Certification of Safety-related PPE Hazard Assessment:

Supervisor’s signature: _____ **Date:** _____

If “Yes” is your answer to any of the questions so far, or if there have been documented injuries/accidents for this job description in the past year, continue on to summarize the hazards and assign appropriate PPE.

Please use the chart below to indicate (check) what areas are affected by the identified hazards.

HAZARD SUMMARY

Hazard	Eye/face	Head	Hand	Skin	Foot	Lungs	Hearing
Impact	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Penetration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Compression or "roll-over"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laceration or Abrasion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chemical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Harmful dusts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Light (optical) Radiation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Radiation exposure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electrical hazards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disease transmission	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Slips, Trips or Falls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Noise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Past Accidents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

List tasks within the job description that are hazardous. Assign appropriate PPE.

PPE REQUIREMENTS BASED ON LEVEL OF RISK AND SERIOUSNESS OF INJURY

Eye/face Protection:

Task	Appropriate PPE	PPE Assignment
		<input type="checkbox"/> Required <input type="checkbox"/> Recommended
		<input type="checkbox"/> Required <input type="checkbox"/> Recommended
		<input type="checkbox"/> Required <input type="checkbox"/> Recommended

Head Protection:

Task	Appropriate PPE	PPE Assignment
		<input type="checkbox"/> Required <input type="checkbox"/> Recommended
		<input type="checkbox"/> Required <input type="checkbox"/> Recommended
		<input type="checkbox"/> Required <input type="checkbox"/> Recommended

Hand Protection:

Task	Appropriate PPE	PPE Assignment
		<input type="checkbox"/> Required <input type="checkbox"/> Recommended
		<input type="checkbox"/> Required <input type="checkbox"/> Recommended
		<input type="checkbox"/> Required <input type="checkbox"/> Recommended

Skin (other than hands) Protection:

Task	Appropriate PPE	PPE Assignment
		<input type="checkbox"/> Required <input type="checkbox"/> Recommended
		<input type="checkbox"/> Required <input type="checkbox"/> Recommended
		<input type="checkbox"/> Required <input type="checkbox"/> Recommended

Foot Protection:

Task	Appropriate PPE	PPE Assignment
		<input type="checkbox"/> Required <input type="checkbox"/> Recommended
		<input type="checkbox"/> Required <input type="checkbox"/> Recommended
		<input type="checkbox"/> Required <input type="checkbox"/> Recommended

Respiratory Protection:

Task	Appropriate PPE	PPE Assignment
		<input type="checkbox"/> Required <input type="checkbox"/> Recommended
		<input type="checkbox"/> Required <input type="checkbox"/> Recommended
		<input type="checkbox"/> Required <input type="checkbox"/> Recommended

Hearing Protection:

Task	Appropriate PPE	PPE Assignment
		<input type="checkbox"/> Required <input type="checkbox"/> Recommended
		<input type="checkbox"/> Required <input type="checkbox"/> Recommended
		<input type="checkbox"/> Required <input type="checkbox"/> Recommended

Notes: *Please enter other comments.*

Certification of Safety-related PPE Hazard Assessment:

Supervisor's signature: _____ **Date:** _____

- *Print this form then sign and date below to certify that the Safety-related PPE Hazard Assessment is complete.*
- *The original form is to be sent to the EHS office.*
- *A copy is used in the department for training and reference.*

Appendix B: Prescription Safety Glasses Approval Form

Employee Name & Job Title (please print) _____

Department _____

I. Initial Purchase

Circle One: New Hire / Job Reassignment

Please explain the job activities that you will be performing which require you to wear impact resistant safety glasses.

II. Replacement

Circle One: Lost / Damaged

If you require a replacement of your lost or damaged safety glasses, please explain the circumstances surrounding the loss or damage of the glasses. Also, include the damaged safety glasses with the form.

I attest that all of the above statements are true to the best of my ability and knowledge.

Employee Signature & Date: _____

Approve/Deny (circle one) *Supervisor's Signature* _____

Date _____

Approve/Deny (circle one) *EHS Officer's Signature* _____

Date _____