

Personal Protective Equipment



Why do we use PPE?

- to reduce employee exposure to workplace hazards
- to ensure our employees go home the same way they came in to work



How do we protect our employees?

The Hierarchy of Control Methods

First line of defense

Increasing Effectiveness

**Elimination /
Substitution**

Eliminates the exposure
before it can occur

Engineering Controls

Requires a physical change
to the workplace

**Administrative &
Work Practice Controls**

Requires worker or employer
to DO something

**Personal Protective Equipment
(including respirators)**

Requires worker
to WEAR something

Last line of defense

Proper Protective Equipment



What type of PPE should we use to protect our employees?

- The type of PPE needed to protect workers depends on the hazards to which they are exposed.
- QHSE Division, Branch Managers, and clients will assess hazards and determine the appropriate PPE required for each job task.



Frequent Causes of head injuries:

- Object striking the head
- Head striking an object
- Contact with exposed, energized electrical conductors

Safety Glasses and Face Protection



Common causes of eye injuries:

- Dust, ashes, embers, sand blast, grit, paint, or other materials
- Flying particles from wood, metal, cement, plastics, or other materials
- Harmful chemicals
- Intense light
 - Welding
 - Laser

Warning: Employees Who Wear Corrective Lenses

- Workers who wear prescription glasses must also wear required eye protection.



Hand Protection: Glove Types



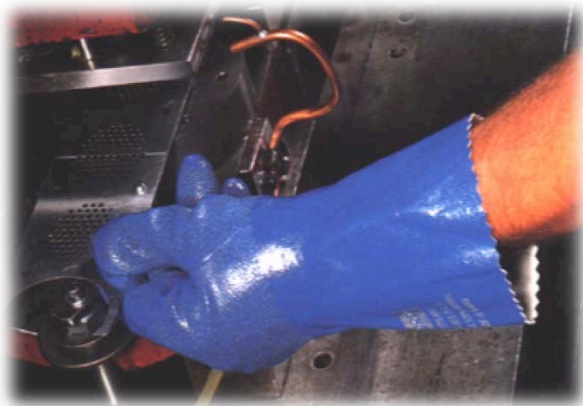
Anti-vibration



Heat Resistant



Leather Palm



Permeation Resistant



Nitrile



Cut Resistant

Body – High Visibility & High Protection Clothing



Foot and Leg Protection

Causes of Foot Injuries:

- Heavy objects
- Sharp objects
- Molten metal
- Hot surfaces
- Slippery or wet surfaces
- Electrical hazard



Hearing Protection

- Disposable foam plugs
- Molded ear plugs
- Noise cancelling ear plugs
- Ear muffs



Respiratory Protection



Chemical Cartridge
Respirators



Dust masks



Supplied Air
Respirators



Self-Contained Breathing
Apparatus

Types of respiratory protection:

Dust masks (filtering facepiece respirators) use a filter to "screen" out contaminants

These masks guard against airborne particles such as dust, mists and fumes:

- Supplied Air Respirators (SARS) protect the user by supplying clean air from cylinders or a compressor
- SCBA: Self-contained Breathing Apparatus respirators (SCBA) have a separate air supply
- Air-purifying Chemical Cartridge Respirators can be either half-face or full-face piece are used for low levels of organic vapors, pesticides, paint vapors and acid gases

Retraining on the proper usage of PPE is necessary when:

- An incident involving the lack of use of proper PPE
- Changes in the tasks performed at a work site
- Changes in the type of PPE used
- Noticing a lack of knowledge or understanding by the employee

What do I train employees on?

- ✓ Why PPE is necessary
- ✓ How PPE will protect your employee
- ✓ What PPE can and cannot do
- ✓ When and how to wear PPE
- ✓ How to identify signs of wear and tear
- ✓ How to clean and disinfect PPE
- ✓ How to properly store when not in use
- ✓ When PPE is worn out and how to properly dispose of PPE

What are my responsibilities as a Safety Ambassador regarding PPE?

- You must assess the hazards you face at your sites
- Ensure the proper PPE is being used to address the hazard
- Determine when it is appropriate to use PPE
- PPE should be provided by Atalian to the employee at no cost
- If employee wants to use personal PPE, ensure that it is properly maintained and sanitary

What are the employee responsibilities regarding PPE?

- Must actively participate and understand the training pertaining to PPE
- Consistently use PPE as prescribed
- Properly maintain, inspect, clean and store their PPE
- Immediately notify Supervisor of the need to replace damaged PPE

Assessment Survey






Personal Protective Equipment (PPE) Hazard Assessment Survey and Analysis





Branch: _____ Location: _____

Job Classification: _____ Operation/Process: _____

Assessor: _____ Title: _____

THE FOLLOWING HAZARDS HAVE BEEN NOTED

Part of Body	Hazard	Required PPE	Notes
Hands 	<input type="checkbox"/> Penetration-sharp objects <input type="checkbox"/> Penetration-animal bites <input type="checkbox"/> Penetration-rough objects <input type="checkbox"/> Chemical(s) _____ <input type="checkbox"/> Extreme cold <input type="checkbox"/> Extreme heat <input type="checkbox"/> Blood <input type="checkbox"/> Electrical shock <input type="checkbox"/> Vibration-power tools <input type="checkbox"/> Other _____	<input type="checkbox"/> Leather/cut resistant gloves <input type="checkbox"/> Leather/cut resistant gloves <input type="checkbox"/> General purpose work gloves <input type="checkbox"/> Chemical resistant gloves; <input type="checkbox"/> Type _____ <input type="checkbox"/> Insulated gloves <input type="checkbox"/> Heat/flame resistant gloves <input type="checkbox"/> Latex or Nitrile gloves <input type="checkbox"/> Insulated rubber gloves; <input type="checkbox"/> Type _____ <input type="checkbox"/> Cotton, leather, or anti-vibration gloves <input type="checkbox"/> Other _____	
Eyes and Face 	<input type="checkbox"/> Impact-flying objects, chips, sand, or dirt <input type="checkbox"/> UV light-welding, cutting, torch brazing or soldering <input type="checkbox"/> Chemical-splashing liquid <input type="checkbox"/> Chemical-irritating mists <input type="checkbox"/> Hot sparks-grinding <input type="checkbox"/> Splashing molten metal <input type="checkbox"/> Laser operations <input type="checkbox"/> Other _____	<input type="checkbox"/> Safety glasses w/side shields <input type="checkbox"/> Glasses/goggles w/face shield <input type="checkbox"/> Welding goggles <input type="checkbox"/> Welding helmet/shield w/safety glasses & side shields <input type="checkbox"/> Chemical goggles/ face shield <input type="checkbox"/> Chemical splash goggles <input type="checkbox"/> Safety glasses w/side shields <input type="checkbox"/> Glasses/goggles w/face shield <input type="checkbox"/> Safety goggles w/face shield <input type="checkbox"/> Laser spectacles or goggles <input type="checkbox"/> Other _____	
Ears 	<input type="checkbox"/> Exposure to noise levels Posted Areas <input type="checkbox"/> Exposure to sparks <input type="checkbox"/> Other _____	<input type="checkbox"/> Ear muffs, plugs, or ear caps <input type="checkbox"/> Leather welding hood <input type="checkbox"/> Other _____	

Part of Body	Hazard	Required PPE	Notes
Respiratory System 	<input type="checkbox"/> Nuisance dust/mist <input type="checkbox"/> Welding fumes <input type="checkbox"/> Asbestos <input type="checkbox"/> Pesticides <input type="checkbox"/> Paint spray <input type="checkbox"/> MRSA <input type="checkbox"/> Organic vapors <input type="checkbox"/> Oxygen deficient/toxic or IDLH atmosphere <input type="checkbox"/> Other _____	<input type="checkbox"/> Disposable dust/mist mask <input type="checkbox"/> Welding respirator <input type="checkbox"/> Respirator w/HEPA filter <input type="checkbox"/> Respirator w/pesticide cartridges <input type="checkbox"/> Respirator w/paint spray <input type="checkbox"/> Cartridges <input type="checkbox"/> N 95 Respirator <input type="checkbox"/> Respirator w/organic cartridges <input type="checkbox"/> SCBA or Type C airline respirator <input type="checkbox"/> Other _____	
Feet 	<input type="checkbox"/> Impact-heavy objects <input type="checkbox"/> Compression-rolling or pinching objects/vehicles <input type="checkbox"/> Slippery or wet surface <input type="checkbox"/> Penetration-sharp objects <input type="checkbox"/> Penetration-chemical <input type="checkbox"/> Splashing-chemical <input type="checkbox"/> Exposure to extreme cold <input type="checkbox"/> Other _____	<input type="checkbox"/> Steel toe safety shoes <input type="checkbox"/> Leather boots or safety shoes w/metatarsal guards <input type="checkbox"/> Slip resistant soles <input type="checkbox"/> Puncture resistant soles <input type="checkbox"/> Chemical resistant boots/covers <input type="checkbox"/> Rubber boots/closed top shoes <input type="checkbox"/> Insulated boots or shoes <input type="checkbox"/> Other _____	
Head 	<input type="checkbox"/> Struck by falling object <input type="checkbox"/> Struck against fixed object <input type="checkbox"/> Electrical-contact with exposed wires/conductors <input type="checkbox"/> Other _____	<input type="checkbox"/> Hard hat/Bump cap <input type="checkbox"/> Class A <input type="checkbox"/> Class B <input type="checkbox"/> Class C <input type="checkbox"/> Other _____	
Body 	<input type="checkbox"/> Impact-flying objects <input type="checkbox"/> Moving vehicles <input type="checkbox"/> Penetration-sharp objects <input type="checkbox"/> Electrical-static discharge <input type="checkbox"/> Hot metal or sparks <input type="checkbox"/> Chemical(s) _____ <input type="checkbox"/> Exposure to extreme cold <input type="checkbox"/> Unprotected elevated walking/working surface <input type="checkbox"/> Other _____	<input type="checkbox"/> Long sleeves/ apron/ coat <input type="checkbox"/> Traffic vest <input type="checkbox"/> Cut-resistant sleeves, wristlets <input type="checkbox"/> Static control coats/coveralls <input type="checkbox"/> Flame-resistant jacket/ pants <input type="checkbox"/> Lab coat or apron/sleeves <input type="checkbox"/> Insulated jacket, hood <input type="checkbox"/> Body harness and lanyard <input type="checkbox"/> Other _____	

CERTIFICATION: I certify that I personally performed the above Hazard Assessment on the date indicated. This document will serve as a Certification of the Hazard Assessment.

Employee Signature _____

Date _____

Account/Operations Manager Signature _____

Date _____

/ ATALIAN. For a better performance

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