**Using this Template**

The following template can be used to help your organization develop a written Personal Protective Equipment Program. This template **cannot** be used as is – you must customize the template to meet the needs of your organization. We have made this template easier for you to customize by adding visual prompts that identify some areas where your input is needed. These are identified by yellow highlighted, red text in the template. You may also change any of the text in the template to meet your organization’s needs – for example, department names, job titles and listed responsibilities and procedures.

*Example:*

<COMPANY NAME>

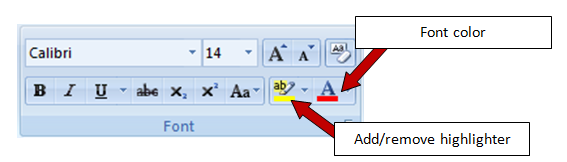
Personal Protective Equipment Program

becomes

XYZ Company

Personal Protective Equipment Program

To remove the colored highlighting from your text, left click and drag your mouse over the yellow text and click on the highlighter button from the Font menu. To change the font color to black, select the text and click on the font color button.



To aid you in understanding the need to customize your program, several “Check Your Understanding” text boxes are also included throughout the template. After reading the information in the text box and adding the required information into the template, you may simply right click on the cross arrow box and select “cut.”

***Check Your Understanding.*** If your organization has hazards present that could cause physical or biological harm and cannot be engineered out or modified using any other approach, the employer is required to provide personal protective equipment (PPE) to decrease or eliminate your employees’ risk of exposure. Typical areas of exposure include mechanical irritants, impacts, vibration, environmental concerns and chemical or radiological hazards. In order to determine what hazards exist in your workplace, a job site assessment is required. In addition to the job site assessment, employers should review Safety Data Sheets (SDS) for PPE guidelines related to all chemicals being used in the workplace. OSHA requires written documentation showing that the workplace assessment was completed as per 1910.132(d)(2).

***Disclaimer.*** *This sample safety program template cannot be used as is. You must customize the template to meet the needs of your organization. EMC does not guarantee that this template is or can be relied on for compliance with any law or regulation, assurance against preventable losses, or freedom from legal liability. We make no representations or warranties of any kind whatsoever, either express or implied, in connection with the use of this template. EMC will not be liable for your use of the template as customized by you. All safety programs and policies, including this template and the information you supply to complete it, should be reviewed by your legal counsel and/or risk management staff.*

**<Company Name>**

**Personal Protective Equipment Program**

***Check Your Understanding.*** Do you need a personal protective equipment (PPE) program?

The objective of a personal protective equipment program is to reduce employees’ risk of injury or death by maintaining a safe work environment. PPE is not a substitute for good work practices, elimination of hazards, substitution of hazardous operations or materials, engineering controls or administrative controls. Rather, PPE should be used, if necessary, in conjunction with these controls to ensure the safety and health of employees. These programs typically address eye, face, head, foot and hand protection. If necessary in your workplace, separate programs should exist for respiratory and hearing protection.

The Occupational Safety and Health Administration (OSHA) standard 29 CFR 1910.132 requires that employers perform a hazard assessment of the workplace to determine the nature of the hazards and ensure that appropriate PPE is available to employees. The standards require that employees be trained in the proper use, care, storage, maintenance and limitations of PPE.

# For additional information

EMC website: [www.emcins.com](http://www.emcinsurance.com)

* [Personal Protective Equipment LPIM](http://www.emcins.com/Docs/LpimPDF/current/LPIM_Personal_Protective_Equipment_20120629.pdf)
* [Job Hazard Analysis LPIM](http://www.emcins.com/Docs/LpimPDF/current/LPIM_Job_Hazard_Analysis_20101004.pdf)
* [National Institute of Occupational Safety and Health](http://www.cdc/gov/niosh)
* [Occupational Safety and Health Administration](http://www.osha.gov)

**Revision History**

Revision 1 – March 2013

**Purpose**

The purpose of the Personal Protective Equipment (PPE) Program is to develop and implement the procedures for the identification, use, care and maintenance of PPE required to be used by employees for the prevention of illness and injury.

All employees are required to follow the minimum procedures outlined in this program. Any deviations from this program must be immediately brought to the attention of the Program Administrator.

**Scope**

This policy applies to the use of PPE at <Company Name> and related facilities and operations. This program is integrated into our organization’s written safety and health program and is a collaborative effort that includes all employees. The Program Administrator is responsible for the program’s implementation, management, training and recordkeeping requirements.

**Program Responsibilities**

**Management.** The management of <Company Name> is committed to the safety and health of its workers. Management supports the efforts of the PPE Program Administrator by pledging financial and leadership support for the identification of hazards and implementation of appropriate PPE for those hazards. Management will regularly communicate with employees about this program.

**Program Administrator.** The Program Administratorreports directly to upper management and is responsible for the hazard assessments, implementation, training and administration of the PPE program. The Program Administrator will monitor the results of the program to determine additional areas of focus as needed. The Program Administrator will also:

* Conduct workplace hazard assessments to determine the presence of hazards that require the use of PPE (*PPE* *hazard assessment instructions are included in* ***Appendix A***)
* Select and purchase PPE
* Review, update and conduct PPE hazard assessments whenever:
  + A job or process changes
  + New equipment is used or added
  + There has been an accident
  + A supervisor or employee requests it
* Maintain records on hazard assessments
* Maintain records on PPE assignments and training
* Provide training, guidance, and assistance to supervisors and employees on the proper use, care and cleaning of approved PPE
* Periodically re-evaluate the suitability of previously-selected PPE
* Review, update and evaluate the overall effectiveness of PPE use, training, policies and program

**Supervisors.** Supervisors have the primary responsibility for implementing and enforcing PPE use in their work area, including, but not limited to:

* Providing appropriate PPE and making it available to employees
* Ensuring that employees are trained on the proper use, care, storage and cleaning of PPE
* Ensuring that PPE training certification and evaluation forms are signed and in the employee’s file
* Ensuring that employees properly use and maintain their PPE
* Notifying the Program Administrator when new hazards are introduced or when processes are added or changed
* Ensuring that defective or damaged PPE is immediately disposed of and replaced

**Employees.** The PPE user is responsible for following the requirements of the PPE program, including, but not limited to:

* Properly wearing PPE as required
* Attending required training sessions
* Properly caring for, cleaning, storing, maintaining and inspecting PPE as required
* Following program policies and rules
* Informing the supervisor of the need to repair or replace PPE

*Employees who repeatedly disregard and do not follow PPE procedures and rules will face disciplinary action up to and including termination.*

**General Requirements**

**Appropriate PPE is required to be worn at all times when employees are exposed to hazards that cannot be eliminated through the use of preferred elimination, substitution, engineering or administrative controls.**

The workplace will be evaluated and all uncontrolled hazards will be identified at least two times a year based on changes to the workforce and workplace operations. Assessments will include, but are not limited to, the following items:

* Torso and abdominal protection
* Eye and face protection
* Head protection
* Foot protection
* Leg protection
* Hand protection
* Hearing protection (Separate written program)
* Respiratory protection (Separate written program)
* Fall protection (Separate written program)

*PPE hazard assessment instructions are located in* ***Appendix A.*** *Hazard assessment forms are included in* ***Appendix B.***

***Check Your Understanding.*** A PPE hazard assessment is an evaluation of your workplace that helps you determine what hazards your employees are exposed to andthe PPE they need to protect themselves from those hazards. PPE should only be used when elimination, substitution, engineering and administrative controls are not feasible, are in the process of being implemented, or when they are not 100% effective in eliminating the hazards.

An effective assessment should include:

* The jobs (or tasks) of the employees
* The hazards associated with the jobs (or tasks) and location
* The likelihood that those hazards could injure your employees
* The severity of a potential injury
* The types of PPE necessary to protect your employees from those hazards

PPE appropriate for the identified hazards will be identified, purchased and provided to all employees exposed to those hazards. All PPE will be properly fit to each employee before relying on it as a protective measure.

Employees will be continually trained, formally and informally, on the types of PPE necessary for the workplace hazards and its limitations. Training will also include the proper way to wear, use and maintain the PPE.

**PPE Program Implementation**

The following implementation steps will be used for this program:

* Conduct and document PPE assessment for each work task, assignment or location (see form in **Appendix B**)
* Select appropriate PPE based on hazard assessment
* Communicate PPE selection decisions to employees
* Provide PPE free of charge to all affected employees (obtain, purchase, rent, etc.)
* Train each affected employee
* Test employee understanding\*
* Document training and employee testing results
* Retrain as necessary
* Enforce PPE requirements

\*Essential functions for all tasks/assignments where PPE is required.

**Employee Training**

General Training

Before any employee is allowed to perform work in areas requiring PPE, they must first receive training in the proper use and care of the PPE they will be using. Periodic retraining will be offered to PPE users as identified by the lack of knowledge or the improper use of PPE, after changes in work tasks or at the supervisor’s request. The training will include, at a minimum, the following subjects:

* <Company Name’s> requirement that PPE be worn at all times during identified tasks or in areas requiring PPE
* When it is necessary to wear PPE
* What PPE is necessary
* How to properly put on, take off, adjust and wear PPE
* The limitations of the PPE
* The proper care, maintenance, useful life and disposal of the PPE

***Check Your Understanding.*** Training can be completed in many ways, but a combination of several different types of media (such as PowerPoint, videos, pamphlets and lecture) is usually the most effective approach. Whichever approach is taken, it is important that the material is understandable to the audience. Training materials should consider the participants’ educational levels, reading abilities and language skills. This may mean providing materials and instruction in languages other than English.

Training attendees should be reminded that the purpose is to provide them with the information necessary to properly wear and maintain their assigned PPE and follow safe work practices, thus reducing the chance of an injury or illness. Training sessions should be designed for interaction between trainers and trainees.

EMC provides several resources to aid in employee training. Visit our [website](http://www.emcins.com/losscontrol/topics/Personal_Protective_Equipment.aspx) to take advantage of these tools.

Eye and Face Protection

Each affected employee will:

* Use appropriate eye and face protection equipment when exposed to hazards from flying objects or particles, molten metal, fumes, chemical liquids, gases, vapors, dusts, acids, caustics, and other potentially injurious chemical or physical hazards.
* Use appropriate eye protection equipment with filter lenses that have a shade number appropriate for the work being performed when exposed to an eye hazard from potentially injurious light radiation.
* When wearing prescription lenses while engaged in operations that involve eye hazards, wear eye protection that incorporates the prescription in its design, or wear eye protection that can be worn over the prescription lenses without disturbing the prescription lenses or the protective lenses.

Foot Protection

Each affected employee will wear protective footwear when working in areas where there is danger of objects falling on or rolling across the foot, piercing the sole, and where the feet are exposed to electrical or chemical hazards. Foot protection will comply with appropriate ANSI standards.

Hand and Body Protection

The Program Administrator will select and require employees to use appropriate hand protection when employees’ hands are exposed to hazards from cuts, abrasions, punctures, chemical or thermal burns, harmful temperature extremes, vibration and skin absorption of harmful substances.

Head Protection

Each affected employee will wear appropriate protective head gear (hard hats, bump caps, etc.) when working in areas where there is a potential for injury to the head from falling objects, impact hazards, extreme temperatures or high UV levels.

Hearing Protection

The Program Administrator will select and require employees to wear appropriate hearing protection in environments where noise levels equal or exceed the OSHA Occupational Noise Exposure Standard (OSHA 29 CFR 1910.95) 8-hour time weighted average (TWA) of 85 dBA. See Hearing Protection Program for details.

Respiratory Protection

Each affected employee will wear respiratory protective equipment (respirators) when working in areas where respiratory hazards exist. All respirators will be in compliance with the OSHA 29 CFR 1910.134. See Respiratory Protection Program for details.

After training, employees will demonstrate that they understand how to use PPE properly. If they cannot demonstrate a sufficient understanding, they will be retrained.

Training of each employee will be documented using the Employee Training Record (**Appendix D**) and kept on file. The PPE Training Quiz (**Appendix E**) will be used to evaluate employees’ understanding and will be kept in the employee training records. The Record documents that the employee has received and understands the required training on the specific PPE he/she will be using.

**Retraining**

The need for retraining will be indicated when:

* An employee’s work habits or knowledge indicate a lack of necessary understanding, motivation or skills required to properly use the PPE
* New equipment is installed that requires new or different PPE
* Changes in the workplace make previous training obsolete
* Changes in the types of PPE to be used make previous training obsolete
* Upon supervisor requests

**Periodic Program Review**

At least annually, the Program Administrator will conduct a program review to assess the progress and success of the program. The review will consider the following:

* Evaluation of all training programs and records
* The need for retraining of managers, supervisors and employees
* The jobs, processes or areas that have produced a high incidence rate of injuries or illnesses
* The Program’s success will be determined and reported to senior management based upon comparison to previous years, using the following criteria:
* Cost and frequency of workers’ compensation cases
* Employee and supervisor feedback through direct interviews and questionnaires

Annual reviews will be documented with the form shown in **Appendix C**.

**Outside Contractors**

Whenever outside personnel are contracted to work on-site, the Program Administrator or location management will communicate all necessary PPE safety requirements to the contractor before any work commences.

**Record Retention**

Written records will be kept which include trainee names, the type of training provided and the dates when training occurred. The Program Administrator will maintain these training records for 3 years.

The Program Administrator will maintain the Hazard Assessment Form for each work site evaluated for 5 years.

**Appendix A – PPE Hazard Assessments**

**Survey**

The Program Administrator will conduct a walk-through survey of the workplace at least two times a year. The survey is to identify sources of hazards to employees. The following hazard categories will be examined in each area and for each person and their tasks:

* Impact
* Penetration
* Compression
* Chemical/Gasses
* Heat/Cold
* Harmful dust
* Light (Optical) radiation
* Noise
* Falling objects
* Vibration
* Electrical shock

**Hazard Sources**

During the walk-through survey, the Program Administrator will observe:

* Sources of motion; i.e., machinery or processes where any movement of tools, machine elements or particles could exist, or movement of personnel that could result in collision with stationary objects
* Sources of high temperatures that could result in burns, eye injury, ignition of protective equipment, etc.
* Types of chemical exposures
* Sources of harmful dust
* Sources of light radiation, i.e., welding, brazing, cutting, furnaces, heat treating, high-intensity lights, etc.
* Sources of falling objects or potential for dropping objects
* Sources of sharp objects which might pierce the feet or cut the hands
* Sources of rolling or pinching objects which could crush the feet
* Layout of workplace and location of coworkers
* Any electrical hazards

Injury and accident data will also be reviewed to help identify problem areas.

**Results**

Following the walk-through survey, the data and information will be organized by work area and job description. An estimate of the potential for injuries will be made. Each of the basic hazards will be reviewed and a determination made as to type, level of risk, and severity of potential injury from each of the hazards identified. The possibility of exposure to multiple hazards simultaneously will be considered.

Strategies for elimination, substitution, engineering and administrative controls will be identified and implemented for all possible identified hazards. After applying all appropriate reduction and elimination technique, the remaining hazards will be analyzed and the proper PPE to reduce the hazards will be selected. PPE will be identified for hazards that are in the process of being reduced or eliminated and/or when hazard-reduction efforts are not 100% effective in eliminating the hazards.

**Appendix B – Hazard Assessment**

**Building: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Prepared By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Job Task: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Does the job task present an occupational exposure to:***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***Eye Hazards*** | **Yes** | **No** | **Hazard Description** | **Recommended PPE** |
| **Chemicals** |  |  |  |  |
| **Dust** |  |  |  |  |
| **Heat** |  |  |  |  |
| **Cold** |  |  |  |  |
| **Impact** |  |  |  |  |
| **Light/Radiation** |  |  |  |  |
|  |  |  |  |  |

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| --- | --- | --- | --- | --- |
| ***Face Hazards*** | **Yes** | **No** | **Hazard Description** | **Recommended PPE** |
| **Chemicals** |  |  |  |  |
| **Impact** |  |  |  |  |
| **Heat** |  |  |  |  |
| **Cold** |  |  |  |  |
| **Light/Radiation** |  |  |  |  |
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| --- | --- | --- | --- | --- |
| ***Head Hazards*** | **Yes** | **No** | **Hazard Description** | **Recommended PPE** |
| **Chemicals** |  |  |  |  |
| **Impact** |  |  |  |  |
| **Heat** |  |  |  |  |
| **Cold** |  |  |  |  |
| **Light/Radiation** |  |  |  |  |
| **Electrical Shock** |  |  |  |  |
|  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***Hand Hazards*** | **Yes** | **No** | **Hazard Description** | **Recommended PPE** |
| **Chemicals** |  |  |  |  |
| **Impact/**  **Punctures** |  |  |  |  |
| **Heat** |  |  |  |  |
| **Cold** |  |  |  |  |
| **Vibration** |  |  |  |  |
| **Electrical Shock** |  |  |  |  |
| **Cuts/Abrasions** |  |  |  |  |
|  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***Foot Hazards*** | **Yes** | **No** | **Hazard Description** | **Recommended PPE** |
| **Chemicals** |  |  |  |  |
| **Impact/**  **Punctures** |  |  |  |  |
| **Heat** |  |  |  |  |
| **Cold** |  |  |  |  |
| **Vibration** |  |  |  |  |
| **Electrical Shock** |  |  |  |  |
| **Compression** |  |  |  |  |
| **Electrostatic**  **Build-up** |  |  |  |  |
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| --- | --- | --- | --- | --- |
| ***Respiratory***  ***Hazards*** | **Yes** | **No** | **Hazard Description** | **Recommended PPE** |
| **Fumes** |  |  |  |  |
| **Mists** |  |  |  |  |
| **Dusts** |  |  |  |  |
| **Vapors** |  |  |  |  |
| **Lack of Oxygen** |  |  |  |  |
| **Particles** |  |  |  |  |
| **Heat/Cold** |  |  |  |  |
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| --- | --- | --- | --- | --- |
| ***Noise Hazards*** | **Yes** | **No** | **Hazard Description** | **Recommended PPE** |
| **Impact Noise >140 dBA** |  |  |  |  |
| **Continuous Noise**  **>85 dBA** |  |  |  |  |
|  |  |  |  |  |

**Appendix C – Annual Evaluation Report**

|  |  |
| --- | --- |
| **Date of evaluation:** | **Evaluated by (list all present):** |
| **Written program reviewed:** Yes No | |
| **Detailed description of the procedures reviewed:** | |
| **Describe any procedure modifications:** | |
| **Have any new procedures been added?** | |
| **A review of the log of occupational injuries and illnesses (OSHA Form 300 or equivalent) and the associated accident reports and injury and illness reports was made:** Yes No | |
| **The following injuries resulted from failure to use the correct PPE:** | |
| **Any actions needed or taken to ensure PPE use:** | |
| **Comments:** | |

**Appendix D – Employee Training Record**

The following individuals received training on <Company Name’s> Personal Protective Equipment Program.

|  |  |  |
| --- | --- | --- |
| **Print Name** | **Sign Name** | **PPE** |
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The undersigned conducted training in accordance with this Personal Protective Equipment Program.

|  |  |
| --- | --- |
| **Print Instructor’s Name** |  |
| **Instructor’s Signature** |  |
| **Instructor’s Title** |  |
| **Date of Training** |  |

**Appendix E – Training Outline**

**Hazard Identification/PPE Selection**

* Familiarize the employees with the potential hazards and the type of protective equipment that is available, and what it can do, i.e.; splash protection, impact protection, etc.
* Compare the hazards associated with the environment; i.e., impact velocities, projectile shape of masses, radiation intensities, with the capabilities of the available protective equipment.
* Identify the selected protective equipment which is at a level of protection greater than the minimum required to protect the employee from the hazards.
* Fit the user with the protective device and give instructions on care and use of the PPE.
* Ensure that employees are made aware of all warning labels and limitations of their PPE.

**Fitting the Device**

Each employee will be fitted with appropriate PPE. PPE that fits poorly may not afford the necessary protection. Protective devices are generally available in a variety of sizes. Care should be taken to ensure that the right size is selected. Continued wearing of the device is more likely if it fits the wearer comfortably.

**Hazard Changes**

It is the responsibility of supervisors and employees to inform the Program Administrator if they identify a change in the workplace hazard situation.

**Guidelines**

Training will cover the company requirement of PPE usage. Each type of PPE provided will be reviewed as to its purpose and function in the work environment. As required, the following types of PPE must be covered:

* Eye and face protection
* Head protection
* Foot protection
* Hand protection
* Hearing protection
* Respiratory protection

**Cleaning and Maintenance**

It is important that all PPE be kept clean and properly maintained. Cleaning is particularly important for eye and face protection where dirty or fogged lenses could impair vision. It is also important to ensure that contaminated PPE which cannot be decontaminated is disposed of in a manner that protects employees from exposure to hazards.

**Personal Protective Equipment Training Quiz**

The following quiz will be used to determine if an employee has understood the training and can demonstrate the proper use and care of personal protective equipment (PPE). This form will be kept in the employee’s file along with any PPE Certification Forms.

1. What are the limitations of PPE?
2. List the types of personal protective equipment you must use when doing your work/tasks.
3. What are the hazards in your job that require PPE, and when must you use your PPE?
4. What are the procedures for the proper use, care and maintenance of your PPE?
5. What should you look for to determine that your PPE is in good working condition?
6. What do you do when your PPE is no longer useable?

**Trainer/Supervisor:** Instruct the employee to demonstrate putting on, wearing and adjusting, and taking off each piece of PPE properly. Also, have employee demonstrate how to clean and disinfect each PPE.

Has employee demonstrated proper use and care of each PPE?

PPE #1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

PPE #2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

PPE #3: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

PPE #4: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

The employee has answered all the questions adequately and has demonstrated the ability to properly use and care for the PPE needed to do his/her job.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Trainer’s/Supervisor’s signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee’s signature Date