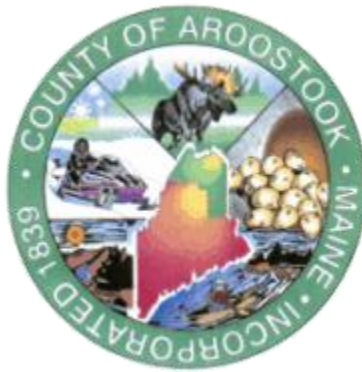


# Personal Protective Equipment Program

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# PERSONAL PROTECTIVE EQUIPMENT PROGRAM

## Table of Contents:

**Purpose**

**Definitions**

**Responsibilities**

**Program Activities**

- **General**
- **Prescription eyewear**
- **Safety shoes**
- **Gloves**
- **Hard hats**

**Job Title PPE Requirements**

**Task Specific PPE Requirements**

**PPE Training Record**

**PPE Inventory List**

### updates

<b>All document</b>	<b>Added page numbers</b>	<b>April 10, 2019</b>
<b>Cover</b>	<b>Web address correction</b>	<b>April 10, 2019</b>
<b>Job Title Requirements</b>	<b>Updated, page 7</b>	<b>March 4, 2020</b>

# **Personal Protective Equipment Program**

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## **Purpose**

The purpose of this program is to establish procedures for wearing Personal Protective Equipment (PPE) at *the County of Aroostook*.

This program supports compliance with the Occupational Safety and Health Administration (OSHA) standards that cover PPE, specifically, 29 CFR 1910.132, .133, .135, .136, and .138. This program applies to all company employees who work in areas that contain hazards to the eyes, face, head and feet.

## **Definitions**

*ANSI (American National Standards Institute):* A nonprofit organization that approves national safety standards.

## **Responsibilities**

Managers and Supervisors and Safety Committee Members

Responsible for:

- Issuing and administering this program and making sure that it satisfies all applicable federal, state and local PPE requirements;
- Identifying hazards to the eyes, head, hands and feet and prescribing appropriate PPE;
- Ensuring that employees receive initial and annual training on PPE use;
- Maintaining training records for all employees included in the training sessions.

### **Managers and Supervisors whose departments are required to use PPE**

These people are responsible for:

- Knowing the hazards in their areas that require PPE;
- Assuring that safe operations are maintained within their departments to prevent injuries to the eyes, face, head, hands and feet;
- Enforcing PPE use in the areas in which it is required.

### **Employees who are required to use PPE**

These people are responsible for:

- Using PPE;
- Properly maintaining PPE.

## **Program Activities**

### **General**

- Eye, face, head, hand and foot hazards will be assessed within the facility; and appropriate protection will be provided for all affected employees;
- Employees are required to use PPE wherever hazards exist;
- Nonprescription eyewear will be obtained from your supervisor;
- PPE will be replaced when damaged or worn out;
- All safety glasses will be equipped with side shields.

### **Prescription eyewear**

- Employees who wear prescription glasses and work in areas that may contain eye hazards are required to wear eye protection that can be worn over the prescription lenses without disturbing the proper position of the prescription lenses or the protective lenses.

### **Safety shoes**

- Employees who work in areas that may contain foot hazards are required to wear safety-toed footwear.
- Safety shoes must meet the ANSI Z41-1991 standard;

### **Gloves**

- Employees who work in areas that may contain hand hazards are required to wear appropriate gloves;
- Only gloves that are designated for the particular task will be worn;
- To prevent employees from getting caught on equipment, gloves will not be worn in operations around moving machinery.

### **Hard hats**

- Employees who work in areas that may contain head hazards are required to wear hard hats;
- Hard hats must be used according to manufacturer's instructions and cannot be altered in any way.

# Job Title PPE Requirements

(PPE requirements by job title are kept on file with the Human Resources Department)

This form is used to list the specific personal protective equipment for each job title in the company.

Job Title	PPE Requirements
_____	_____ _____ _____
_____	_____ _____ _____
_____	_____ _____ _____
_____	_____ _____ _____
_____	_____ _____ _____
_____	_____ _____ _____
_____	_____ _____ _____
_____	_____ _____ _____

- On file for each employee

# Task Specific PPE Requirements

(Task specific PPE requirements are kept on file with the Human Resources Department.)

This form is used to list the specific personal protective equipment required for each specific task in the organization.

Description of task

PPE Required

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

\*On file for each employee

# PPE Training Record

(PPE training records are kept on file with the Human Resources Department.)

Facility \_\_\_\_\_ Department \_\_\_\_\_ Date \_\_\_\_\_

Employee Name ( please print)	Job Title	Employee Signature

Signature of Trainer \_\_\_\_\_

## PPE Inventory List

(PPE inventory list is kept on file with the Human Resources Department.)

This form is used to list the various types, brands, model numbers, and vendors. In addition, this form is used to let employees know where this equipment can be obtained.

PPE Type	Brand and Model #	Vendor	Stored Location
Hard Hat	North Safety	P&E Dist	Workshops
Eye Protection	U Vex	P&E Dist	Work shops
			Maint office
Eye Protection	Assorted	Amazon	Work shops
			Maint office
Ear plugs	Pura Fit	P&E Dist	Workshop
	Assorted	Amazon	Maint office
Rubber Glove	Nitrile Black	P&E Dist	Works shops
	Assorted latex	P&E Dist	closets



