

Personal Protective Equipment (PPE) Assessment







Task Description: Using Stationary Power Tools (Band Saw, Belt Sander, Miter Saw, Radial Arm Saw, Table Saw, CNC)

Department: Theatre

Completed by (Name, Department): Tom Swetz, Theatre

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Hazard	Engineering/Administrative Controls	PPE Required
<p>Physical <input type="checkbox"/> N/A</p> <p><input checked="" type="checkbox"/> Cuts/Abrasions</p> <p><input checked="" type="checkbox"/> Dust</p> <p><input checked="" type="checkbox"/> Electricity</p> <p><input checked="" type="checkbox"/> Flying Particles</p> <p><input checked="" type="checkbox"/> Heat/Sparks</p> <p><input checked="" type="checkbox"/> Loud Noises</p> <p><input checked="" type="checkbox"/> Struck by Objects</p> <p><input type="checkbox"/> Other: _____</p>	<p>Engineering Controls</p> <ul style="list-style-type: none"> - Ensure any emergency stops and shutoffs are present and working. - Ensure all machine guards are present and in good condition. - Run the dust collector while working (if applicable) <p>Administrative Controls</p> <ul style="list-style-type: none"> - Only use a tool if you have been trained in safe operation by a competent employee. - Only use tools as intended by the manufacturer. - Avoid dangling jewelry and loose-fitting clothing. Tie up long hair. - Inspect the condition of tools prior to use. Place damaged tools out of service. - Ensure the tool is off and unplugged before making any adjustments or repairs. - Never place fingers or other parts of the body in the path of blades and other moving parts. - Do not operate power tools if you are feeling fatigued or unwell. 	<ul style="list-style-type: none"> • ANSI-rated Safety Goggles or Glasses • Hearing Plugs or Earmuffs • Work Gloves • Standard Work Attire (Closed-toe Shoes, Long Pants, Long-sleeved Shirt) <div style="text-align: center; margin-top: 20px;">     </div>
<p>Chemical <input checked="" type="checkbox"/> N/A</p> <p><input type="checkbox"/> Air/Water Sensitive Chemicals</p> <p><input type="checkbox"/> Compressed Gas</p> <p><input type="checkbox"/> Corrosive Substances</p> <p><input type="checkbox"/> Flammable Liquids/Gases</p> <p><input type="checkbox"/> Radioactive Substances</p> <p><input type="checkbox"/> Toxic/Irritant Substances</p> <p><input type="checkbox"/> Other: _____</p>		
<p>Biological <input checked="" type="checkbox"/> N/A</p> <p><input type="checkbox"/> Air-borne Pathogens</p> <p><input type="checkbox"/> Biological Sharps</p> <p><input type="checkbox"/> Blood and Bodily Fluids</p> <p><input type="checkbox"/> Mold</p> <p><input type="checkbox"/> Sewage</p> <p><input type="checkbox"/> Other: _____</p>		