

# Personal Protective Equipment (PPE) Assessment



**Task Description:** Dark Room Developing/Printing

**Department:** ART (Photography Dark Room)

**Completed by (Name, Department):** Lori Robeau

**Date:** 09/26/2025

Hazard	Engineering/Administrative Controls	PPE Required
<p><b>Physical</b> <span style="float: right;"><input checked="" type="checkbox"/> N/A</span></p> <p><input type="checkbox"/> Cuts/Abrasions</p> <p><input type="checkbox"/> Electricity</p> <p><input type="checkbox"/> Flying Particles</p> <p><input type="checkbox"/> Heat/Sparks</p> <p><input type="checkbox"/> Loud Noises</p> <p><input type="checkbox"/> Struck by Objects</p> <p><input type="checkbox"/> Other: _____</p>	<p><b>Engineering Controls</b></p> <ul style="list-style-type: none"> <li>- Ensure the darkroom is well ventilated.</li> <li>- Ensure any photo chemicals that can cause reactions, if mixed, are not stored near each other.</li> <li>- Ensure proper container labels</li> <li>- Ensure proper disposal of chemicals</li> </ul> <p><b>Administrative Controls</b></p> <ul style="list-style-type: none"> <li>- Refer to the product's safety data sheet (SDS) before using</li> <li>- Use tongs goggles/gloves for both film and paper processing</li> <li>- Only an instructor or student aid (who has received the proper training) may mix chemistry</li> <li>- Always practice good housekeeping in order to keep the area safe from hazards</li> <li>- No eating or drinking in the lab</li> <li>- Wash your hands thoroughly after you are finished in the lab.</li> </ul>	<ul style="list-style-type: none"> <li>• ANSI-rated Safety Goggles or Glasses</li> <li>• Nitrile Gloves</li> <li>• Standard Work Attire (Closed-toe Shoes, Long Pants, Long-sleeved Shirt)</li> </ul> <div style="text-align: center;">    </div>
<p><b>Chemical</b> <span style="float: right;"><input type="checkbox"/> N/A</span></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 checked="" type="checkbox"/> Flammable Liquids/Gases</p> <p><input type="checkbox"/> Radioactive Substances</p> <p><input checked="" type="checkbox"/> Toxic/Irritant Substances</p> <p><input type="checkbox"/> Other: _____</p>		
<p><b>Biological</b> <span style="float: right;"><input checked="" type="checkbox"/> N/A</span></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>		