

Personal Protective Equipment (PPE) Assessment



Task Description: Using Handheld Power Tools (Angle Grinder, Circular saw, Oscillating Tool, Power Drill, Jig Saw, Heat gun)

Department: ART

Completed by (Name, Department): Lori Robeau and David Skora

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Hazard	Engineering/Administrative Controls	PPE Required
<p>Physical <input type="checkbox"/> N/A</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Cuts/Abrasions <input checked="" type="checkbox"/> Dust <input checked="" type="checkbox"/> Electricity <input checked="" type="checkbox"/> Flying Particles <input checked="" type="checkbox"/> Heat/Sparks <input checked="" type="checkbox"/> Loud Noises <input checked="" type="checkbox"/> Struck by Objects <input type="checkbox"/> Other: _____ 	<p>Engineering Controls</p> <ul style="list-style-type: none"> - Ensure all machine guards are present and in good condition. - Use a GFCI when plugging in handheld power tools whenever possible. - Use a battery-powered cordless option whenever possible. <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 before making any adjustments. - 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="display: flex; justify-content: space-around; align-items: center; margin-top: 20px;">   </div> <div style="display: flex; justify-content: space-around; align-items: center; margin-top: 20px;">   </div>
<p>Chemical <input checked="" type="checkbox"/> N/A</p> <ul style="list-style-type: none"> <input type="checkbox"/> Air/Water Sensitive Chemicals <input type="checkbox"/> Compressed Gas <input type="checkbox"/> Corrosive Substances <input type="checkbox"/> Flammable Liquids/Gases <input type="checkbox"/> Radioactive Substances <input type="checkbox"/> Toxic/Irritant Substances <input type="checkbox"/> Other: _____ 		
<p>Biological <input checked="" type="checkbox"/> N/A</p> <ul style="list-style-type: none"> <input type="checkbox"/> Air-borne Pathogens <input type="checkbox"/> Biological Sharps <input type="checkbox"/> Blood and Bodily Fluids <input type="checkbox"/> Mold <input type="checkbox"/> Sewage <input type="checkbox"/> Other: _____ 		