

Personal Protective Equipment (PPE) Assessment






Task Description: Changing Lightbulbs

Department: Custodial

Completed by (Name, Department): Mark Schuman, EHS

Date: 12/22/2025

Hazards	Engineering/Administrative Controls	PPE Required
<p>Physical <input type="checkbox"/> N/A</p> <p><input checked="" type="checkbox"/> Cuts/Abrasions <input type="checkbox"/> Dust <input checked="" type="checkbox"/> Electricity <input type="checkbox"/> Flying Particles <input checked="" type="checkbox"/> Heat/Sparks <input type="checkbox"/> Loud Noises <input checked="" type="checkbox"/> Struck by Objects <input checked="" type="checkbox"/> Other: <u>Slip/Trip/Fall</u></p>	<p>Engineering Controls</p> <ul style="list-style-type: none"> Select a step ladder that is tall enough for the work being performed <p>Rule of thumb: Find the reach height and subtract 4ft for the step ladder height <i>For example, a light fixture 10ft above the ground would require at least a 6ft tall step ladder</i></p> <p>Administrative Controls</p> <ul style="list-style-type: none"> Only perform this task if you have been trained in safe operation by a competent employee Turn off power to the fixture before changing bulbs to prevent shocks and/or burns Report damaged bulbs and broken glass to your supervisor. Do not attempt to clean up broken glass by hand Dispose of fluorescent bulbs in the proper "Universal Waste" receptacle <p><u>Ladder Safety</u></p> <ul style="list-style-type: none"> Lock both spreaders on the step ladder before climbing Keep your body within the rails of the ladder. Avoid overreaching Do not go above the highest standing level. Never stand on the top cap of the ladder Notify your supervisor if the fixture cannot be reached safely with a normal step ladder 	<ul style="list-style-type: none"> ANSI-rated Safety Goggles or Glasses Work Gloves Standard Work Attire (Closed-toe Shoes, Long Pants, Long-sleeved Shirt) <div style="text-align: center;">    </div>
<p>Chemical <input type="checkbox"/> N/A</p> <p><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 checked="" type="checkbox"/> Toxic/Irritant Substances (Mercury Lamps) <input type="checkbox"/> Other: _____</p>		
<p>Biological <input checked="" type="checkbox"/> N/A</p> <p><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: _____</p>		