







## **PERSONAL PROTECTIVE EQUIPMENT POLICY**

If assessment indicates that an employee's exposure warrants the use of personal protective equipment (PPE), PPE policy requires that:

1. the PPE be selected to protect the employee from the identified hazards;
2. the PPE must fit properly;
3. damaged or defective PPE must not be used;
4. the cost of implementation and maintenance of PPE shall be the responsibility of the department or administrative unit;
5. the employee must be trained to know: a) when PPE is necessary, b) what PPE the situation requires; c) how to properly don, doff, adjust and wear the PPE, d) the limitations of the PPE, and e) proper care, maintenance, useful life, and disposal of PPE;
6. the employee must demonstrate an understanding of the training before he/she is allowed to perform work requiring the use of PPE;
7. all training must be documented (name of employee trained, date, subject, person who performed training);
8. retraining shall be required a) if changes occur in the workplace rendering previous training obsolete, b) if there are changes in the PPE to be used, or c) if the employee shows that he/she has not retrained the requisite understanding or skill in order to properly use the PPE assigned; and
9. Departments or Administrative Units must bear the responsibility for training.

### **CERTIFICATION**

I, \_\_\_\_\_ (print name of person who conducted this assessment),  
certify that the foregoing assessment is complete to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **ACKNOWLEDGMENT**

I, \_\_\_\_\_ (print name of department or administrative unit head),  
hereby acknowledge that I have reviewed the foregoing assessment, and, in accordance with the Personal Protective Equipment Policy, I will ensure that:

1. the appropriate PPE is available and maintained in good condition for the employees in my department; and that
2. all affected employees have been trained to know: a) the type of PPE required for performing hazardous tasks, b) the limitations of the PPE, including care, maintenance and useful life, and c) how to properly wear and adjust the PPE required for the task.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_