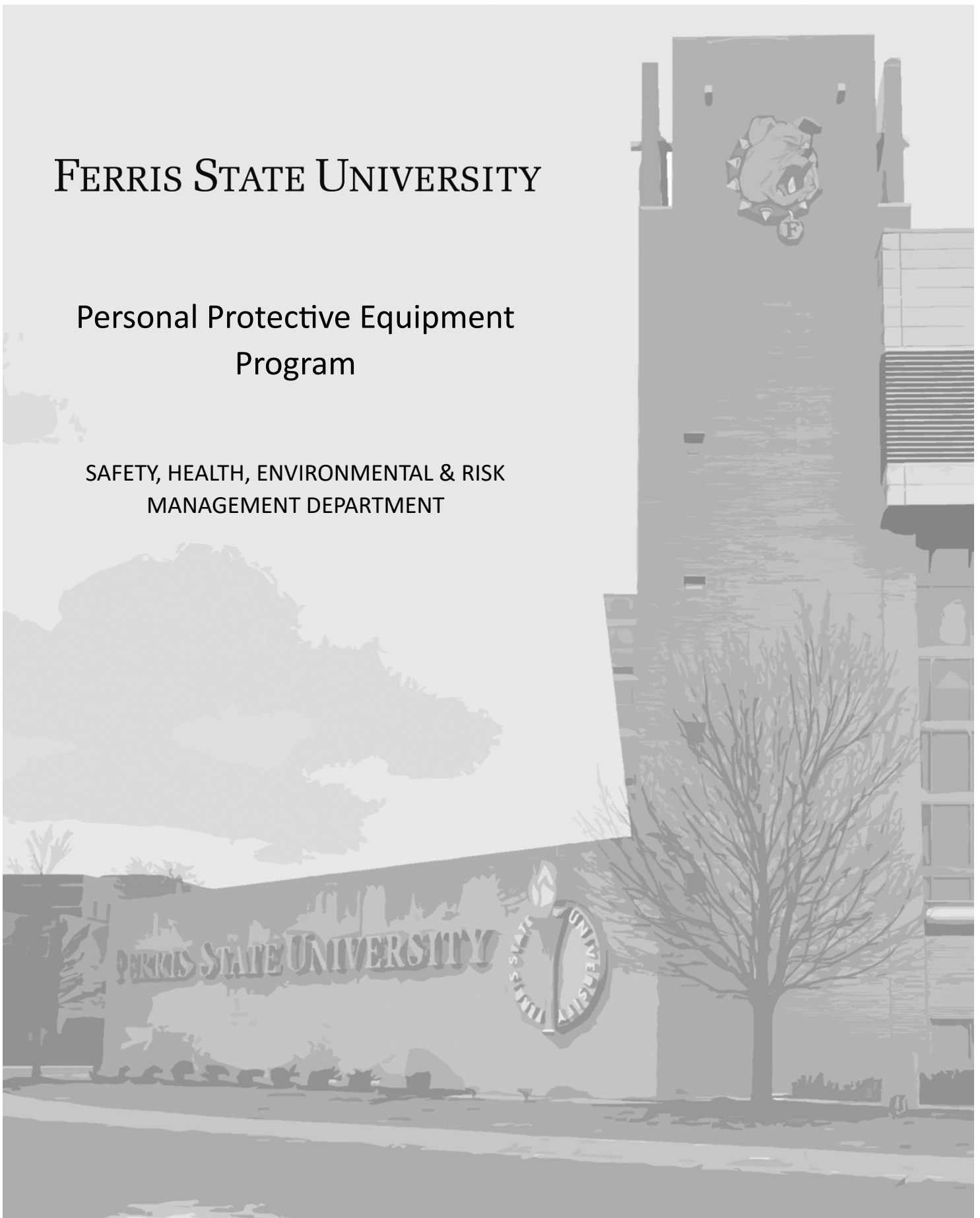


FERRIS STATE UNIVERSITY

Personal Protective Equipment Program

SAFETY, HEALTH, ENVIRONMENTAL & RISK
MANAGEMENT DEPARTMENT



Revision 07.17.2025

This document can be found: <https://www.ferris.edu/administration/adminandfinance/finance/sherm/Safety/homepage.htm>

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Purpose

The purpose of the Personal Protective Equipment (PPE) Program is to protect the Ferris State University's employees from the occupational hazards within the workplace by providing the proper PPE. It is the goal of Ferris State University to use engineering, administrative, and work practice controls as the primary method for protecting employees. When additional protection is necessary, appropriate PPE will be worn.

Ferris State University's policy and program shall follow the provisions of Michigan Occupational Safety and Health Administration (MIOSHA) Part 33 and Part 433 Personal Protective Equipment.

Scope

This program applies to all applicable employees of Ferris State University, including full-time, part-time, temporary, and student employees. This program addresses eye, face, head, foot, and hand protection. Review [Bloodborne Pathogen Exposure Control Plan](#), [Confined Space Program](#), [Hearing Conservation](#), [Electrical Safety Program](#), [Fall Protection](#), and [Respiratory Protection Plan](#) for appropriate PPE for those specific plans or programs.

Definitions

ANSI – American National Standard Institute, a nonprofit, voluntary membership organization that coordinates the U.S. Voluntary Consensus Standards System. Their standards have been adopted throughout government and industry for various types of personal protective equipment.

Hazard Assessment – The investigation of the work environment for potential dangers that could result in an injury or illness.

Safety Data Sheet (SDS) – A document describing the hazards and safe handling practices for a specific product.

Personal Protective Equipment (PPE) – Equipment worn by workers to protect against hazards in the environment. Examples include safety glasses, face shields, respirators, gloves, hard hats, steel-toed shoes, and hearing protection.

Responsibilities

Supervisors/Managers/Directors

1. Complete and update hazard assessments and equipment selection.
2. Forward completed Hazard Assessment and Equipment Selection forms to SHERM.
3. Consult with SHERM before purchasing any new brand or type of PPE.
4. Ensuring that employees comply with the guidelines established by this program.
5. Ensure required PPE is available for all tasks.
6. Ensuring employees are trained on the proper use, care and cleaning of PPE.

7. Remove from service and replace any PPE that is defective or damaged.

SHERM Department

It is the responsibility of the SHERM Department to:

1. Conduct initial training and retraining.
2. Maintain training records.
3. Maintain Hazard Assessment and Equipment Selection forms.
4. Provide technical information and assistance as requested.
5. Review and revise the PPE program, as needed.

Ferris State University Employees

It is the responsibility of each employee to:

1. Attend the required training sessions and comply with all applicable safety requirements.
2. Wear all assigned PPE that is needed from the PPE Hazard Assessment to protect against hazards at no cost to the employee.
3. Report damaged or defective PPE to your supervisor.
4. Maintain PPE in a clean condition.
5. Report changes in exposure to hazardous conditions that might require a follow-up analysis of the task for PPE

Requirements

1. Personal protective equipment shall be provided, used, and maintained in a sanitary and reliable condition wherever chemical hazards, radiological hazards, biological hazards, or mechanical irritants are encountered in a manner capable of causing injury or impairment through absorption, inhalation, or physical contact.
 - A. Only those items of protective clothing and equipment that meet NIOSH (National Institute of Occupational Safety and Health) or ANSI (American National Standards Institute) standards will be procured or accepted for use.
2. Hazard Assessment and Equipment Selection:
 - A. Each workplace shall be assessed to determine if hazards are present, or are likely to be present, that necessitates the use of PPE.
 - B. If hazards are present and cannot be eliminated by engineering or work practice controls, the following steps shall be taken.
 - i. Evaluate employee tasks for appropriate PPE and certify hazard assessment.

- ii. Written certification of the hazard assessment should identify all the following information:
 - a) The workplace evaluated
 - b) The person who's certifying that the evaluation has been performed
 - c) The date or dates of the hazard assessment
- iii. Select PPE that is designed and constructed to be safe for the work being performed. Ensure all required PPE is worn. Selections shall be communicated to affected employees.
- iv. Fit PPE to each employee.
- v. Defective or damaged PPE shall not be used.
- vi. If more than one employee wears the PPE, the item shall be sanitized before reissuance.

3. Head Protection:

- A. FSU shall ensure that each affected employee is provided with, and wears, approved head protection equipment and accessories when the employee is required to be present in areas where a hazard exists from any of the following:
 - i. Falling or flying objects.
 - ii. Other harmful contacts or exposures.
 - iii. Where there is a risk of injury from any of the following:
 - a) Electric shock.
 - o Electrical classes for protective helmets shall be 1 of the following:
 - o Class G, general protective helmets are intended to reduce the danger of contact with low voltage conductors.
 - o Class E, electrical protective helmets are intended to reduce the danger of contact with higher voltage conductors.
 - b) Hair entanglement.
 - c) Chemicals.
 - iv. Temperature extremes.
- B. Hair enclosures shall be worn where there is a possibility of hair entanglement, such as near revolving machinery.

4. Eye and Face Protection

- A. Approved eye and face protection shall be worn by all FSU employees where there is a probability of injury that can be prevented or reduced by such protection.
- B. FSU shall ensure that each affected employee uses approved eye or face protection, when exposed to eye or face hazards from any of the following:
 - i. Flying objects or particles.
 - a) FSU shall ensure that each affected employee uses eye protection that provides side protection when there is a hazard from flying objects (such as detachable side protectors, such as clip-on or slide-on side shields).
 - ii. Harmful contacts.
 - iii. Exposures.
 - iv. Molten metal.

- v. Liquid chemicals.
 - vi. Acids or caustic liquids.
 - vii. Chemical fumes, gases or vapors.
 - viii. Glare.
 - ix. Injurious radiation.
 - x. Electrical flash.
- C. A combination of these hazards Face Shields are designed to provide protection to the front part of the head, including forehead, cheeks, nose, mouth, and chin, and to the neck, where required, from flying particles and sprays of hazardous liquids, and to provide filter protection where required. Such devices shall be worn over suitable basic eye protection devices.
- i. Typical uses for face shields include, but are not limited to, the following situations:
 - ii. Woodworking operations where chips and particles fly.
 - iii. Metal machining causing flying particles.
 - iv. Buffing, polishing, wire brushing, and grinding operations causing flying particles or objects.
 - v. Spot welding.
 - vi. Handling of hot or corrosive materials.
- D. Appendix C, Table 1, "Eye and Face Protector Selection Chart," and Appendix D Figure 1, "Eye and Face Protective Devices Chart," shall be used as a guide in the selection of the proper eye and face protection.
5. Foot Protection:
- A. FSU shall ensure that each affected employee shall wear approved protective footwear when working in areas where any of the following occur:
- i. When the use of protective footwear will protect the affected employee from an electrical hazard, such as a static-discharge or electric-shock hazard, that remains after the employer takes other necessary protective measures.
 - ii. There is a danger of foot injuries due to falling or rolling objects.
 - iii. There is a danger of objects piercing the sole of the shoe.
6. Hand Protection:
- A. FSU shall ensure that each affected employee shall wear approved hand protection when employees' hands are exposed to hazards, such as those from any of the following:
- i. Skin absorption of harmful substances.
 - ii. Severe cuts or lacerations.
 - iii. Severe abrasions.
 - iv. Punctures.
 - v. Chemical burns.
 - vi. Thermal burns.
 - vii. Harmful temperature extremes.
- B. FSU shall base the selection of the appropriate hand protection on an evaluation of the performance characteristics of the hand protection related to all the following:
- i. The task or tasks to be performed.
 - ii. Conditions present.

- iii. Duration of use.
- iv. The hazards and potential hazards identified.
- v. Hand protection interiors shall be kept free of corrosive or irritating contaminants.
- vi. If more than 1 employee wears a pair of gloves, the gloves shall be sanitized before re-issuance.

7. Body Protection:

- A. FSU shall ensure that each employee who is required to work so that his or her clothing becomes wet due to a condition other than the weather or perspiration uses any of the following:
 - i. Aprons.
 - ii. Coats.
 - iii. Jackets.
 - iv. Sleeves.
 - v. Other garments that will keep his or her clothing dry.
- B. The material shall be unaffected by the wetting agent.
- C. The provision of dry, clean, acid-resistant clothing, in addition to rubber shoes or short boots and an apron, shall be considered a satisfactory substitute where small parts are cleaned, plated, or acid-dipped in an open tank.
- D. When abrasive blasting is not protected by an enclosure, the operator shall use heavy canvas or leather gloves and aprons or equivalent protection to provide protection from the impact of abrasives.

TRAINING

Each employee shall be trained on the following items and certified that the employee has received and understood the required training.

- 1. When PPE is necessary.
- 2. What PPE is necessary.
- 3. How to properly don, doff, adjust, and wear PPE.

The limitations of the PPE. The proper care, maintenance, useful life, and disposal of the PPE. Use of defective or damaged PPE is prohibited.

RETRAINING

Retraining is required when:

- 1. Changes in the workplace that render previous training obsolete.
- 2. Changes in the types of PPE to be used that render previous training obsolete.
- 3. Inadequacies in an affected employee's knowledge or use of assigned PPE which indicate that the employee has not retained the requisite understanding or skill.

All training records shall be sent to SHERM.

RECORDKEEPING

Written records must be kept of the names of persons trained, the type of training provided, and the dates when training occurred. The supervisor should maintain their employees' records for at least 3 years. The safety coordinator will maintain the Hazard Assessment Documentation and training records received from supervisors. The supervisor will provide copies of these records to SHERM.

CLEANING AND MAINTENANCE

It is important that all PPE be kept clean and properly maintained. Cleaning is particularly important for eye and face protection where dirty or fogged lenses could impair vision. Personal Protective Equipment (PPE) should be inspected, cleaned, and maintained at regular intervals so that the PPE provides the requisite protection. It is also important to ensure that contaminated PPE which cannot be decontaminated, is disposed of in a manner that protects employees from exposure to hazards.

REFERENCES AND FURTHER INFORMATION

1. MIOSHA GI Part 33, Personal Protective Equipment
2. Occupational Safety and Health Administration
3. National Institute for Occupational Safety and Health
4. American National Standards Institute
5. American Society for Testing Materials

APPENDIX A**Personal Protective Equipment/Hazard Assessment**

Position: _____

Department: _____

Shift Duration: _____

Brief Description of Job:

Does Employee Have Exposure To		
Impact (Head)	Yes	No
Penetration (Eye, Face, Foot, Hand)	Yes	No
Compression (Roll-over, Foot)	Yes	No
Chemical(s) (Respiratory, Body, Eye)	Yes	No
Heat (Electrical, Thermal)	Yes	No
Harmful Dust (Eye, Respiratory)	Yes	No
Light (optical) Radiation	Yes	No
Noise	Yes	No
Other Physical Hazards (Sharp objects, Cutters, Blades, Etc.)	Yes	No

Personal Protective Equipment Required (*Currently*)

Safety Glasses ☐yes ☐no

Safety Shoes/Toe Covers ☐yes ☐no

Face Shield ☐yes ☐no

Gloves ☐yes ☐no

Goggles ☐yes ☐no

Respirators ☐yes ☐no

Hearing Protection ☐yes ☐no

Protective Sleeves: ☐yes ☐no

Other:

Has There Been Any Previous Incidents in This Position?		Description(s) – list what type of injury, if recordable injury, what medical treatment was issued, and any corrective actions that were made.
Yes	No	<div>1)</div> <div>2)</div> <div>3)</div>

APPENDIX B**HAZARD ANALYSIS AND RISK ASSESSMENT**

Instructions: In each section, check each hazard present in the area or job being surveyed. Then determine the risk level, injury potential, and recommended type(s) of protective equipment.

SECTION I: EYE AND FACE HAZARDS	
Flying Objects <input type="checkbox"/> No Hazard	<ul style="list-style-type: none"> Working with, near, or around: <input type="checkbox"/> Chipping <input type="checkbox"/> Grinding <input type="checkbox"/> Machining <input type="checkbox"/> Masonry Work <input type="checkbox"/> Sawing <input type="checkbox"/> Woodworking <input type="checkbox"/> Drilling <input type="checkbox"/> Chiseling <input type="checkbox"/> Powered Fastening <input type="checkbox"/> Riveting <input type="checkbox"/> Sanding <input type="checkbox"/> Welding Automated/Hand/Spot <input type="checkbox"/> Other: _____ Risk Level: <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low Injury Potential: <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low PPE Required: <input type="checkbox"/> Safety Glasses with Side Shields <input type="checkbox"/> Goggles <input type="checkbox"/> Face Shield <input type="checkbox"/> Other: _____
Liquids <input type="checkbox"/> No Hazard	<ul style="list-style-type: none"> Working with, near, or around: <input type="checkbox"/> Pouring <input type="checkbox"/> Splashing <input type="checkbox"/> Mixing <input type="checkbox"/> Washing/Cleaning <input type="checkbox"/> Irritating <input type="checkbox"/> Mists <input type="checkbox"/> Irritating Spray <input type="checkbox"/> Other Liquid Hazards: _____ Risk Level: <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low Injury Potential: <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low PPE Required: <input type="checkbox"/> Safety Glasses with Side Shields <input type="checkbox"/> Goggles <input type="checkbox"/> Face Shield <input type="checkbox"/> Other: _____
Light Radiation Heat Glare <input type="checkbox"/> No Hazard	<ul style="list-style-type: none"> Working with, near, or around: <input type="checkbox"/> Cutting/Welding (arc) <input type="checkbox"/> Laser <input type="checkbox"/> Brazing <input type="checkbox"/> Cutting/Welding (gas) <input type="checkbox"/> Torch <input type="checkbox"/> Soldering <input type="checkbox"/> Pouring Hot Metal <input type="checkbox"/> Other: _____ Risk Level: <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low Injury Potential: <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low PPE Required: <input type="checkbox"/> Safety Glasses with Side Shields <input type="checkbox"/> Goggles <input type="checkbox"/> Face Shield <input type="checkbox"/> Welding Helmet <input type="checkbox"/> Other: _____

SECTION II: RESPIRATORY HAZARDS	
Inhalation <input type="checkbox"/> No Hazard	<ul style="list-style-type: none"> Working with, or near: <input type="checkbox"/> Dusts <input type="checkbox"/> Fogs <input type="checkbox"/> Fumes <input type="checkbox"/> Mists <input type="checkbox"/> Gases <input type="checkbox"/> Smokes <input type="checkbox"/> Sprays <input type="checkbox"/> Vapors <input type="checkbox"/> Other: _____ Risk Level: <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low Injury Potential: <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low Respirator Required: <input type="checkbox"/> Half-Face <input type="checkbox"/> Full-Face <input type="checkbox"/> PAPR <input type="checkbox"/> Air Line <input type="checkbox"/> SCBA <input type="checkbox"/> None
Atmospheric <input type="checkbox"/> No Hazard	<ul style="list-style-type: none"> Working with, or near: <input type="checkbox"/> Toxic <input type="checkbox"/> Oxygen-Deficient (below 19.5% Oxygen) <input type="checkbox"/> Immediately dangerous to life/health (IDLH) Risk Level: <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low Injury Potential: <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low Respirator Required: <input type="checkbox"/> Half-Face <input type="checkbox"/> Full-Face <input type="checkbox"/> PAPR <input type="checkbox"/> Air Line <input type="checkbox"/> SCBA

SECTION III: HEAD HAZARDS	
Falling Objects <input type="checkbox"/> No Hazard	<ul style="list-style-type: none"> Working below or around: <input type="checkbox"/> Materials that could fall <input type="checkbox"/> Other workers using tools <input type="checkbox"/> Conveyor belts carrying material <input type="checkbox"/> Machinery which may cause objects to fall <input type="checkbox"/> Other: _____ Risk Level: <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low Injury Potential: <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low PPE Required: <input type="checkbox"/> Bump Cap <input type="checkbox"/> Hard Hat <input type="checkbox"/> Other: _____
Electrical Hazard <input type="checkbox"/> No Hazard	<ul style="list-style-type: none"> Working near or around: <input type="checkbox"/> Exposed Wires <input type="checkbox"/> Energized Conductors <input type="checkbox"/> Energized Parts <input type="checkbox"/> Electrical Switch Gear <input type="checkbox"/> Other exposed electrical parts/hazards: _____ Risk Level: <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low Injury Potential: <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low PPE Required: <input type="checkbox"/> Bump Cap <input type="checkbox"/> Hard Hat <input type="checkbox"/> Other: _____

SECTION IV: FOOT HAZARDS	
Impact Hazards <input type="checkbox"/> No Hazard	<ul style="list-style-type: none"> Carrying and/or handling: <input type="checkbox"/> Heavy Packages <input type="checkbox"/> Heavy Objects <input type="checkbox"/> Heavy Tools <input type="checkbox"/> Heavy Parts/Equipment <input type="checkbox"/> Other impact hazards: _____ Risk Level: <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low Injury Potential: <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low PPE Required: <input type="checkbox"/> Leather Shoe <input type="checkbox"/> Steel Toe Shoe <input type="checkbox"/> Metatarsal Guard <input type="checkbox"/> Other Foot Protection: _____
Compression Hazards <input type="checkbox"/> No Hazard	<ul style="list-style-type: none"> Working with: <input type="checkbox"/> Hand Trucks <input type="checkbox"/> Bulk Rolls <input type="checkbox"/> Heavy Pipes <input type="checkbox"/> Unstable Material <input type="checkbox"/> Other compression hazards: _____ Risk Level: <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low Injury Potential: <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low PPE Required: <input type="checkbox"/> Leather Shoe <input type="checkbox"/> Steel Toe Shoe <input type="checkbox"/> Metatarsal Guard <input type="checkbox"/> Other Foot Protection: _____
Puncture Protection <input type="checkbox"/> No Hazard	<ul style="list-style-type: none"> Working with or near: <input type="checkbox"/> Nails <input type="checkbox"/> Wire <input type="checkbox"/> Tacks <input type="checkbox"/> Glass <input type="checkbox"/> Large Staples <input type="checkbox"/> Scrap Metal <input type="checkbox"/> Screws <input type="checkbox"/> Other sharp object hazards: _____ Risk Level: <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low Injury Potential: <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low PPE Required: <input type="checkbox"/> Leather Shoe <input type="checkbox"/> Steel Toe Shoe <input type="checkbox"/> Metatarsal Guard <input type="checkbox"/> Other Foot Protection: _____
Electrical Hazards <input type="checkbox"/> No Hazard	<ul style="list-style-type: none"> Working with or near: <input type="checkbox"/> Exposed Electrical Conductors <input type="checkbox"/> Energized Parts <input type="checkbox"/> Electrical Switch Gear <input type="checkbox"/> Other electrical hazards: _____ Risk Level: <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low Injury Potential: <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low PPE Required: <input type="checkbox"/> Leather Shoe <input type="checkbox"/> Steel Toe Shoe <input type="checkbox"/> Metatarsal Guard <input type="checkbox"/> Other Foot Protection: _____

SECTION V: HAND HAZARDS	
Chemical Hazards <input type="checkbox"/> No Hazard	<ul style="list-style-type: none"> Working with or handling: <input type="checkbox"/> Liquid Chemicals <input type="checkbox"/> Powder Chemicals <input type="checkbox"/> Biological Hazards <input type="checkbox"/> Other absorption hazards: _____ Risk Level: <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low Injury Potential: <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low PPE Required: <input type="checkbox"/> Chemical Resistant Gloves <input type="checkbox"/> Cut Resistant Gloves <input type="checkbox"/> Chemical Protective Gloves <input type="checkbox"/> Other Hand Protection: _____
Physical Hazards <input type="checkbox"/> No Hazard	<ul style="list-style-type: none"> Working with or handling: <input type="checkbox"/> Sharp objects <input type="checkbox"/> Tools <input type="checkbox"/> Jagged Objects <input type="checkbox"/> Irritating Material <input type="checkbox"/> Other: _____ Risk Level: <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low Injury Potential: <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low PPE Required: <input type="checkbox"/> Chemical Resistant Gloves <input type="checkbox"/> Cut Resistant Gloves <input type="checkbox"/> Thermal Protective Gloves <input type="checkbox"/> Other Hand Protection: _____
Thermal Hazards <input type="checkbox"/> No Hazard	<ul style="list-style-type: none"> Working with or handling: <input type="checkbox"/> Hot Objects <input type="checkbox"/> Cold Objects <input type="checkbox"/> Wet Objects <input type="checkbox"/> Other thermal/environmental conditions: _____ Risk Level: <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low Injury Potential: <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low PPE Required: <input type="checkbox"/> Chemical Resistant Gloves <input type="checkbox"/> Cut Resistant Gloves <input type="checkbox"/> Thermal Protective Gloves <input type="checkbox"/> Other Hand Protection: _____

SECTION VI: ELECTRICAL HAZARDS	
Electrical Hazards <input type="checkbox"/> No Hazard	<ul style="list-style-type: none"> Working with or near: <input type="checkbox"/> Electrical Conductors <input type="checkbox"/> Exposed Wires <input type="checkbox"/> Energized Parts <input type="checkbox"/> Electrical Switch Gear <input type="checkbox"/> Other electrical hazards: _____ Risk Level: <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low Injury Potential: <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low PPE Required: <input type="checkbox"/> Insulating Blankets <input type="checkbox"/> Insulating Gloves <input type="checkbox"/> Insulating Covers <input type="checkbox"/> Other Electrical Protection: _____

SECTION VII: EXTREMITY HAZARDS	
Physical Hazards <input type="checkbox"/> No Hazard	<ul style="list-style-type: none"> Working with or near products or conditions: <input type="checkbox"/> Cold <input type="checkbox"/> Heat <input type="checkbox"/> Molten Material <input type="checkbox"/> Moist/Wet <input type="checkbox"/> Other conditions that may cause hazards to exposed extremities: _____ Risk Level: <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low Injury Potential: <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low PPE Required: <input type="checkbox"/> Coat/Jacket <input type="checkbox"/> Long Pants <input type="checkbox"/> Long Sleeves <input type="checkbox"/> Aprons <input type="checkbox"/> Rain Gear <input type="checkbox"/> Other extremity protection: _____
Absorption Hazard <input type="checkbox"/> No Hazard	<ul style="list-style-type: none"> Working with or near: <input type="checkbox"/> Corrosive materials <input type="checkbox"/> Materials absorbed by the skin <input type="checkbox"/> Radiological Materials <input type="checkbox"/> Other materials hazardous to exposed extremities: _____ Risk Level: <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low Injury Potential: <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low PPE Required: <input type="checkbox"/> Coat/Jacket <input type="checkbox"/> Long Pants <input type="checkbox"/> Long Sleeves <input type="checkbox"/> Aprons <input type="checkbox"/> Rain Gear <input type="checkbox"/> Other extremity protection: _____

Personal Protective Equipment Required (*Recommended Moving Forward*)

Safety Glasses	<input type="checkbox"/> yes	<input type="checkbox"/> no	Safety Shoes/Toe Covers	<input type="checkbox"/> yes	<input type="checkbox"/> no
Face Shield	<input type="checkbox"/> yes	<input type="checkbox"/> no	Gloves	<input type="checkbox"/> yes	<input type="checkbox"/> no
Goggles	<input type="checkbox"/> yes	<input type="checkbox"/> no	Respirators	<input type="checkbox"/> yes	<input type="checkbox"/> no
Hearing Protection	<input type="checkbox"/> yes	<input type="checkbox"/> no	Protective Sleeves:	<input type="checkbox"/> yes	<input type="checkbox"/> no
Other:					

Date Analysis Conducted: _____

Analysis Conducted By: _____

NOTES:

APPENDIX C: Table 1**EYE AND FACE PROTECTOR SELECTION**

This guide is not intended to be the sole reference in selecting the proper eye and face protector.

Care shall be taken to recognize the possibility of multiple and simultaneous exposure to a variety of hazards.

Adequate protection against the highest level of hazards must be provided.

ACTIVITY AND ASSESSMENT	PROTECTOR CATEGORY AND STYLES	LIMITATIONS	NOT RECOMMENDED
IMPACT			
Chipping, grinding, machining, masonry work, riveting, and sanding. Flying fragments, objects, large chips, particles, sand, dirt, etc.	<p>Spectacles, goggles: B, C, D, E, F, G, H, I, J, K, L. For Severe exposure add N. Respirators, R, T.</p> <p>Faceshields shall only be worn over spectacles or goggles.</p> <p>Persons whose vision requires the use of prescription lenses shall wear either protective devices fitted with prescription lenses or protective devices designed to be worn over regular prescription eyewear.</p> <p>Wearers of contact lenses shall also be required to wear appropriate spectacles or goggles depending on the specific hazard. Dusty and/or chemical environments may represent an additional hazard to contact lens wearers. Wearing of contact lenses under an R respirator is permitted.</p> <p>Goggles, helmets and faceshield windows that bear the marking "Z-87+" comply with the High Impact Test Requirements. Those with "Z-87" markings comply only with Basic Impact Testing Requirements. Spectacle lenses that are marked with the manufacturers logo and a "+" sign comply with the High Impact Test Requirements. Those spectacle lenses marked with the manufacturers logo and no "+" comply only with Basic Impact Testing Requirements. (It is important during the selection process to remember that different product categories are tested at different levels of impact resistance. Goggles are tested at a higher level of impact than spectacles and face shields are tested at a higher level than goggles.)</p> <p>The Z-87-2 frame marking indicates the frame meets high impact requirements with a minimum lens thickness of 2mm.</p>	<p>Protective devices do not provide unlimited protection.</p> <p>Note: Caution should be exercised in the use of metal frame protective devices in electrical hazard areas. Metal frame protective devices could potentially cause electrical shock and electrical burns through contact with, or thermal burns from exposure to the hazards of electrical energy, which include radiation from accidental arcs.</p> <p>Atmospheric conditions and the restricted ventilation of the protector can cause lenses to fog. Frequent cleaning may be required.</p>	<p>Protectors that do not provide protection from side exposure.</p> <p>Filter or tinted lenses that restrict light transmittance, unless it is determined that a glare hazard exists. Refer to OPTICAL RADIATION.</p> <p>Use of faceshields alone, without spectacles or goggles.</p>

Table 1: EYE AND FACE PROTECTOR SELECTION

This guide is not intended to be the sole reference in selecting the proper eye and face protector.

Care shall be taken to recognize the possibility of multiple and simultaneous exposure to a variety of hazards.

Adequate protection against the highest level of hazards must be provided.

ACTIVITY AND ASSESSMENT	PROTECTOR CATEGORY AND STYLES	LIMITATIONS	NOT RECOMMENDED
HEAT			
Furnace operations, pouring, casting, hot dipping, gas cutting, and welding.	Note: Operations involving heat may also involve optical radiation. (See electric arc, gas, and glare under Optical Radiation below.) Protection from both hazards shall be provided. Faceshields shall only be worn over spectacles or goggles.	Spectacles, cup and cover type goggles do not provide unlimited facial protection.	Protectors that do not provide protection from side exposure.
Hot Sparks	Goggles, spectacles: B, C, D, E, F, G, H, I, J, K, L. For severe exposure add N. Respirators R, T.	Operations involving heat may also involve optical radiation. Protection from both hazards shall be provided.	Use of faceshields alone, without spectacles or goggles.
Splash from molten metals	Faceshields worn over goggles H, K. Respirators R, T or S, U if optical radiation hazard exists.		
High temperature exposure	Screen faceshields, Reflective faceshields over spectacles or goggles.		
CHEMICAL			
Acid and chemicals handling, degreasing, plating. Splash and irritating mists.	Indirect vented: goggles, eyecup and cover types: G, H, K. For severe exposure add N. Respirators R, T. Irritating Mist: Special purpose goggles: G. Cover goggle – No ventilation. Respirators R, T.	Provides protection from splash entry with adequate ventilation. Atmospheric conditions and the restricted ventilation of the protector can cause lenses to fog. Frequent cleaning may be required.	Spectacles, welding, helmets, or handshields.
DUST			
Woodworking, buffing, general dusty conditions. Nuisance dust	Goggles, eyecup and cover types: G, H, K. Respirators R, T.	Atmospheric conditions and the restricted ventilation of the protector can cause lenses to fog. Frequent cleaning may be required.	

Table 1: EYE AND FACE PROTECTOR SELECTION

This guide is not intended to be the sole reference in selecting the proper eye and face protector.

Care shall be taken to recognize the possibility of multiple and simultaneous exposure to a variety of hazards.

























Adequate protection against the highest level of hazards must be provided.

ACTIVITY AND ASSESSMENT	PROTECTOR CATEGORY AND STYLES		LIMITATIONS	NOT RECOMMENDED
OPTICAL RADIATION				
WELDING: Electric Arc	Note: Welding helmets or handshields shall be used only over spectacles or goggles.		Protection from optical radiation is directly related to filter lens density. Select the darkest shade that allows adequate tasks performance.	Protectors that do not provide protection from optical radiation.
Viewing electric arc furnaces and boilers	TYPICAL FILTER LENS SHADE: 10-14	PROTECTORS: Welding helmets or Welding Shields: O, P, Q Respirators S, U	Note: Filter lenses shall meet the requirements for shade designations in GI Part 33 Table 1.	Note: Filter lenses shall meet the requirements for shade designations in GI Part 33 Table 1.
WELDING: Gas, and viewing gas-fired furnaces and boilers	TYPICAL FILTER LENS SHADE: 4-8	PROTECTORS: Welding goggles, Helmets. Welding Face shields over spectacles or goggles: J, K, L, M, N, O, P, Q or Respirators S, U.	Note: Faceshields and welding helmets shall only be worn over spectacles or goggles.	Use of welding helmets or faceshields alone, without spectacles or goggles.
CUTTING	TYPICAL FILTER LENS SHADE: 3-6	PROTECTORS: Welding goggles, Helmets. Welding face shields: J, K, L, M, N, O, P, Q or Respirators S, U		
TORCH BRAZING	TYPICAL FILTER LENS SHADE: 3-4	PROTECTORS: Welding goggles, Helmets. Welding face shields: J, K, L, M, N, O, P, Q or Respirators S, U		
TORCH SOLDERING	TYPICAL FILTER LENS SHADE: 1.5-3	PROTECTORS: Spectacles or Welding Faceshield over spectacles: B, C, D, E, F, N or Respirators S, U.		
GLARE	Spectacle: A, B, Faceshields N over spectacles or goggles.		Shaded or Special Purpose lenses, as suitable.	

APPENDIX D: Figure 1

**APPENDIX FIGURE 1
EYE AND FACE PROTECTIVE DEVICES**

The illustrations shown are only representative of protective devices commonly available at this time.
Protective devices do not need to take the forms shown, but must meet the requirements of this standard.

A. Spectacle, No sideshield 	B. Spectacle, Half sideshield 	C. Spectacle, Full Sideshield 	D. Spectacle, Detachable Sideshield 	E. Spectacle, Non-Removable Lens 
F. Spectacle, Lift Front 	G. Cover Goggle, No Ventilation 	H. Cover Goggle, Indirect Ventilation 	I. Cover Goggle, Direct Ventilation 	J. Cup Goggle, Direct Ventilation 
K. Cup Goggle, Indirect Ventilation 	L. Spectacle, Headband Temple 	M. Cover Welding Goggle, Indirect Ventilation 	N. Faceshield 	O. Welding Helmet, hand Hold 
P. Welding Helmet, Stationary Window 	Q. Welding Helmet, Lift Front 	R. Respirator   		
S. Respirator 	T1. Respirator 	T2. Respirator 		
U. Respirator 				

- (1) Care shall be taken to recognize the possibility of multiple and simultaneous exposure to a variety of hazards. Adequate protection against the highest level of each of the hazards must be provided.
- (2) Operations involving heat may also involve optical radiation. Protection from both hazards shall be provided.
- (3) Faceshields shall only be worn over primary eye protection.
- (4) Filter lenses shall meet the requirements for shade designations in General Industry Safety Standard Part 33 "Personal Protective Equipment," Table 1.
- (5) Persons whose vision requires the use of prescription lenses shall wear either protective devices fitted with prescription lenses or protective devices designed to be worn over regular prescription eyewear.
- (6) Wearers of contact lenses shall also be required to wear appropriate covering eye and face protection devices in a hazardous environment. It should be recognized that dusty and/or chemical environments may represent an additional hazard to contact lens wearers.
- (7) Caution should be exercised in the use of metal frame protection devices in electrical hazard areas.
- (8) Refer to Section 6.5 "Special Purpose Lenses" in ANSI Z-87.1 2003 edition, as adopted in R 408.13301a.
- (9) Welding helmets or handshields shall be used only over primary eye protection.
- (10) Non-sideshield spectacles are available for frontal protection only.

APPENDIX E: Table 2

FILTER LENSES FOR PROTECTION AGAINST RADIANT ENERGY

TABLE 1 FILTER LENSES FOR PROTECTION AGAINST RADIANT ENERGY			
OPERATIONS	PLATE THICKNESS (INCHES)	PLATE THICKNESS (MM)	MINIMUM* PROTECTIVE SHADE
Gas Welding:			
Light	Under 1/8	Under 3.2	4
Medium	1/8 to 1/2	3.2 to 12.7	5
Heavy	Over 1/2	Over 12.7	6
Oxygen Cutting			
Light	Under 1	Under 25	3
Medium	1 to 6	25 to 150	4
Heavy	Over 6	Over 150	5
OPERATIONS	ELECTRODE SIZE 1/32 IN.	ARC CURRENT	MINIMUM* PROTECTIVE SHADE
Shield metal Arc welding	Less than 3	Less than 60	7
	3 to 5	60 to 160	8
	more than 5 to 8	161 to 250	10
	more than 8	251 to 550	11
Gas metal arc welding and flux	cored arc welding	Less than 60	7
		60 to 160	10
		161 to 250	10
		251 to 500	10
Gas tungsten arc	welding	Less than 50	8
		50 to 150	8
		151 to 500	10
Air carbon Arc cutting	(Light)	Less than 500	10
	(Heavy)	500 to 1000	11
Plasma arc welding		Less than 20	6
		20 to 100	8
		101 to 400	10
		401 to 800	11
Plasma arc cutting	(Light)**	Less than 300	8
	(Medium)**	300 to 400	9
	(Heavy)**	401 to 800	10
Torch brazing			3
Torch soldering			2
Carbon arc welding			14
<p>* As a rule of thumb, start with a shade that is too dark to see the weld zone. Then go to a lighter shade that gives a sufficient view of the weld zone without going below the minimum. In oxyfuel gas welding or cutting where the torch produces a high yellow light, it is desirable to use a filter lens that absorbs the yellow or sodium line in the visible light of the (spectrum) operation.</p>			
<p>** These values apply where the actual arc is clearly seen. Experience has shown that light filters may be used when the arc is hidden by the workpiece.</p>			