Section 2. Personal Protective Equipment (PPE)
(WAC 296-800-160) (SPPM 3.10); Workplace Hazard Assessment

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2.1 Personal Protective Equipment

Personal protective equipment (PPE) consists of any clothing or other wearable or personally usable item that serves to mitigate hazards to individuals. This includes, but is not limited to:

- Eye and face protection
- Head protection
- Hand protection
- Protective footwear
- Respiratory protective devices
- Hearing protection

These devices protect the skin, eyes, hands, feet, lungs, head, etc. of the person using PPE from physical and chemical hazards. Additional information is located in the WSU Safety Policies and Procedures Manual (SPPM 3.10).

It is the policy of the TFREC to provide every worker with the proper PPE for the assigned tasks of that worker. The goal of this policy is the prevention of accidents and exposures associated with the performance of an individual’s job.

It is the responsibility of the supervisor to see that PPE is provided to those whose jobs require it. It is also the responsibility of the supervisor to see that employees are trained in the use and maintenance of PPE. Much relevant information about appropriate PPE can be found on product MSDS forms as well as product labels.
2.2 Workplace Hazard Assessment

Supervisors are required (WAC 296-800-16005) to conduct workplace hazard assessments to define the need for types of PPE needed to perform tasks. Contact EH&S for PPE Hazard Assessment Guidelines if necessary.

To assess the need for PPE, consider each task performed and determine if personnel may encounter hazards, such as:

- Impact (falling/flying objects)
- Penetration (sharp objects which might pierce the feet or cut the hands)
- Noise*
- Compression (rollover or pinching objects)
- Chemical exposure (inhalation, ingestion, skin contact, eye contact, or injection)
- Exposure to biological materials
- Temperature extremes
- Light (optical) radiation (welding, brazing, cutting, furnaces, lasers, etc.)
- Water
- Vibration
- Excessive noise*
- Electricity
- Elevated work surfaces
- Respirable hazards (dusts, mists, fumes, vapors)*

* EH&S is responsible for conducting noise (SPPM 3.21) and respiratory (SPPM 3.24) hazard assessments. Telephone 509-335-3041 (5-3041 from TFREC phone) to arrange for a hazard assessment.

2.3 Selection Guideline

If the hazards cannot be reduced or eliminated through engineering or administrative controls and PPE is necessary:

- Become familiar with the potential hazards and what PPE is available and what it can do (splash protection, impact protection, etc.) to prevent injuries and illnesses.
- Compare the hazards with the capabilities of the available PPE.
- Select the PPE which ensures a level of protection greater than the required minimum.
- Fit the user with the device and provide instructions on use, care, and limitations.
2.4  Fitting the User

Careful consideration must be given to fit and comfort. PPE that fits poorly will not afford the necessary protection. Also, PPE is more likely to be worn. Adjustments should be made on an individual basis for a comfortable fit while maintaining the PPE in proper position.

2.5  Employee Responsibilities

It is the responsibility of each worker to ensure that the PPE issued to him or her is used properly and that any problems with it are promptly reported to the supervisor. PPE lost or abused by employees will be replaced at employee expense. Normal wear and tear and ordinary maintenance items are taken care of at the expense of the TFREC. Employees must not take home pesticide-contaminated PPE, and lockers and showers are provided for all employees whose work requires the availability of these facilities.

In the case of pesticide handling activities, all PPE used must be cleaned or disposed of after each use. For PPE that can be laundered, a washer and dryer are provided at the Farm Shop and in the basement of the Overley Building.

2.6  Prescription Eyewear Program

A program to provide eligible employees with prescription eyewear is addressed in SPPM 3.14. Those interested should refer to the manual for more information.

2.7  Other Protective Equipment

Refer to the WSU SPPM, Section 3.10, for more information on other equipment, specifications, and situations dictating the use of PPE, including, but not limited to:

- Safety toe footwear (SPPM 3.16)
- Hearing conservation (SPPM 3.21)
- Respiratory protection (SPPM 3.24)

2.8  Training

Departments are to train employees to use personal protective equipment. This training includes:

- Why, when, and what PPE is necessary
- How to properly put on and take off, adjust, and wear PPE
- Selection criteria & limitations of PPE
- Proper care, inspection and maintenance, useful life, and disposal of PPE

Training is to be documented using the Personal Protective Equipment Training Certification form (Section 2.9).
## 2.9 PPE Training Certification

**PERSONAL PROTECTIVE EQUIPMENT TRAINING CERTIFICATION**

<table>
<thead>
<tr>
<th>Employee’s Name</th>
<th>Area/Task</th>
<th>PPE Required - ✔ Applicable Boxes</th>
<th>PPE Selected (Make &amp; Model)</th>
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</thead>
<tbody>
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<td>[ ] Eye/Face Protection</td>
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<td>[ ] Other: ___</td>
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</tbody>
</table>

Area/Task | PPE Required - ✔ Applicable Boxes | PPE Selected (Make & Model)

- Eye/Face Protection
- Head Protection
- Foot Protection
- Hand Protection
- Hearing Protection
- Respiratory Protection
- Other: ___

I, _________________________________, have received and understood the training on the PPE listed above. This training included the areas, tasks and hazards requiring PPE; how to properly put on, wear and take off the PPE; PPE selection criteria, and the proper care, inspection, maintenance, useful life and disposal of the PPE.

**Employee’s Signature**

Supervisor: ____________________________

**Date(s) of Training:** ____________________________
## 2.10 Workplace Hazard Assessment Certification Form

### WORKPLACE HAZARD ASSESSMENT CERTIFICATION FORM

**Instructions:** Complete form using Personal Protective Equipment Hazard Assessment Guidelines. Completed form is to be retained for departmental records.

<table>
<thead>
<tr>
<th>Work Activity Assessed</th>
<th>Location of Assessment (Bldg/Rm)</th>
<th>Hazard(s) Identified</th>
<th>PPE Selected (Make &amp; Model #)</th>
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I, ________________________, certify that the assessment of the identified work activities has been performed.

**Signature:** ____________________________  
**Date:** ____________________________