**UCSB Industrial Hygiene Services**

**Job Hazard Assessment & Personal Protective Equipment (PPE)**

**Selection and Training Tool**

**Evaluation**

|  |  |
| --- | --- |
| **Name of Supervisor performing evaluation:** | **Date of Evaluation:** |
| **Evaluation for** *(Individual(s)/Job/Process):* | |
| **EH&S Reviewer*:*** | |

**Job Hazard Assessment**

**Instructions:** 1) Use this form to perform a documented Job Hazard Assessment (JHA) for **each job task** that necessitates the use of personal protective equipment (PPE). Examples of hazards include, but are not limited to: Physical (impact, penetration, injection, compression, laceration, noise, heat/cold, vibration, fall, electrical, ergonomic, light (UV, visible, infrared), biological (animals, plants, fungi, microbial, viral), chemical, and radioactive. 2) Provide documented training to affected employees using the attached training roster. 3) If hazards, PPE, controls, or work practices change, this form must be updated and the employee(s) retrained. 4) Maintain this documentation until the tasks are no longer being performed. Note that these Personal Protective Equipment (PPE) controls should be used in conjunction with other controls (engineering, administrative, and work practices). Please contact the UCSB Industrial Hygiene Program using the information at the bottom of the page if you require assistance.

|  |  |  |  |
| --- | --- | --- | --- |
| **Task/Chemical** | **Maximum Daily Exposure and Use Frequency** | **Hazards** | **Required PPE and Controls**  **(please specify)** |
| ***Welding (EXAMPLE)*** | ***Intermittent: Up to 4 hours per day*** | ***Welding fumes, UV light, noise, and heat.*** | Respirator: ***Half-face APR w/ P100 Cartridges or P-100 Filtering Facepiece Respirator (FFR)*** |
| Eye / Face: ***Welding Helmet*** |
| Hand: ***Leather Welding Gloves*** |
| Foot: ***Flame resistant work Boots*** |
| Body: ***Flame Resistant Clothing/Apron*** |
| Hearing: ***Ear muffs or plugs*** |
| Additional Controls: ***HEPA filtered fume extractor*** |
| ***Cleaning/disinfecting with 1% bleach solution (EXAMPLE)*** | ***Daily: Up to 8 hours per day*** | ***DANGER – Read manufacture’s label and use only as directed. Open doors and windows, or use outdoors to ensure adequate ventilation. Causes severe skin burns and eye damage. Do not get on skin or in eyes. Do not breathe. Wash face, hands and any exposed skin thoroughly after handling. Do not ingest.*** | Respirator: ***None required with adequate ventilation. Notify supervisor immediately if using in enclosed and/or poorly-ventilated areas, or if irritation occurs.*** |
| Eye / Face: ***Safety glasses that provide front, brow, and temple protection, goggles, or face shield that conform to ANSI Z87.1-2010 and is compatible with prescription lenses where needed.*** |
| Hand: ***Rubber or neoprene gloves*** |
| Foot: ***Closed-toe shoes*** |
| Body: ***Work clothes, or chemical resistant coveralls/apron if risk of splash*** |
| Other: |
| Additional Controls: |
|  |  |  | Respirator: |
| Eye / Face: |
| Hand: |
| Foot: |
| Body: |
| Hearing: |
| Additional Controls: |
|  |  |  | Respirator: |
| Eye / Face: |
| Hand: |
| Foot: |
| Body: |
| Hearing: |
| Additional Controls: |
|  |  |  | Respirator: |
| Eye / Face: |
| Hand: |
| Foot: |
| Body: |
| Hearing: |
| Additional Controls: |
|  |  |  | Respirator: |
| Eye / Face: |
| Hand: |
| Foot: |
| Body: |
| Hearing: |
| Additional Controls: |
|  |  |  | Respirator: |
| Eye / Face: |
| Hand: |
| Foot: |
| Body: |
| Hearing: |
| Additional Controls: |
|  |  |  | Respirator: |
| Eye / Face: |
| Hand: |
| Foot: |
| Body: |
| Hearing: |
| Additional Controls: |
|  |  |  | Respirator: |
| Eye / Face: |
| Hand: |
| Foot: |
| Body: |
| Hearing: |
| Additional Controls: |
|  |  |  | Respirator: |
| Eye / Face: |
| Hand: |
| Foot: |
| Body: |
| Hearing: |
| Additional Controls: |
|  |  |  | Respirator: |
| Eye / Face: |
| Hand: |
| Foot: |
| Body: |
| Hearing: |
| Additional Controls: |

**(Use additional pages if needed)**



**Job Hazard Assessment & Personal Protective Equipment**

**Training Roster**

|  |  |  |
| --- | --- | --- |
| **Topic: Job Hazard Assessment Review & PPE Requirements** | | |
| **Instructor/Supervisor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | **Job Title :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Topics:** | **Proper work practices and controls; Work hazards; When PPE is necessary; What PPE is necessary; How to properly don, doff, adjust, and wear PPE; Limitations of PPE; Proper care, maintenance, useful life, and disposal of PPE; Demonstration of ability to use PPE. [8 CCR 3380]** | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Employee Name** | **Identification Number\*** | **Date**  **Trained** | **Employee**  **Signature\*\*** | **Instructor**  **Initial\*\*\*** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

***\*Identification Number:*** *Enter your Student ID, Employee ID, UC Email, or Date of Birth.*

***\*\*Employee Signature:*** *By signing this document I acknowledge that I received and understood the training above.*

***\*\*\*Instructor Initial:*** *By my initials I certify that the individuals on this roster have successfully passed the course.*