

# UCSB Job Hazard Assessment & Personal Protective Equipment Selection and Training Tool

**Evaluation** 

NAME OF INDIVIDUAL PERFORMING EVALUATION	N:	DATE OF EVALUATION
EVALUATION FOR (Individual/Job/Process):		
<b>CERTIFICATION.</b> By signing this form the individual certifies that a workplace hazard assessment has been performed in accordance with 8 CCR § 3380.	SIGNATURE	

### **Job Hazard Assessment**

**Instructions:** 1) Use this form to perform a documented job hazard assessment (JHA) for <u>each job task</u> that necessitates the use of personal protective equipment (PPE), 2) Provide training and document on the (attached) training roster, and 3) Maintain this documentation until the task is no longer being performed. Example of hazards include: Impact, penetration, compression, laceration, exposure, heat, noise and light (optical) radiation. Note that these Personal Protective Equipment (PPE) controls should be used in conjunction with other controls (engineering, administrative, and work practices).

Task	Frequency & Duration	Hazards	PPE required
			☐ Eye / Face:
			□ Body:
			☐ HAND:
			☐ FOOT:
			☐ OTHER:
			☐ EYE / FACE:
			□ Body:
			☐ HAND:
			☐ FOOT:
			☐ OTHER:
			☐ Eye / Face:
			□ Body:
			☐ HAND:
			☐ FOOT:
			☐ OTHER:
			☐ Eye / Face:
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			☐ OTHER:
			☐ Eye / Face:
			□ Body:
			☐ HAND:
			☐ FOOT:
			☐ OTHER:
			☐ Eye / Face:
			□ Body:
			☐ HAND:
			☐ FOOT:
			□ OTHER.



# **Personal Protective Equipment Training Roster**

Class:	Personal Protective Equipment (PPE)
Date/Time:	
Location:	
Instructor:	Job Title :
Topics:	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]

#### **Instructions**:

- 1. Complete this form for **each** personnel member.
- 2. Submit this form to EH&S Training by campus mail, fax (805) 893-8659 or email nick.nieberding@ehs.ucsb.edu.

Name	Identification Number*	Date Trained	Student Signature**	Instructor Initial***

<sup>\*</sup>Identification: Enter your Student ID, Employee ID, UC NetID, UC Email, or Date of Birth.

<sup>\*\*</sup>Student Signature: By signing this document I acknowledge that I received and understood the training above.

<sup>\*\*\*</sup>Instructor Initial: By my initials I certify that the individuals on this roster have successfully passed the course (assessment).

# UCSB Job Hazard Assessment & Personal Protective Equipment Selection and Training Tool (sample)

## **Evaluation**

Name of individual performing evaluation  Joe Supervisor			<b>DATE</b> OF EVALUATION 05/06/2011
EVALUATION OF (Individual, Job, Process)  General Research Assistant			
CERTIFICATION. By signing this form the individual certifies that a workplace hazard assessment has been performed in accordance with 8 CCR § 3380.	SIGNATURE	I. Supervisor	

#### **Hazard Assessment**

**Instructions:** 1) Use this form to perform a documented job hazard assessment (JHA) for <u>each job task</u> that necessitates the use of personal protective equipment (PPE), 2) Provide training and document on the (attached) training roster, and 3) Maintain this documentation until the task is no longer being performed. Example of hazards include: Impact, penetration, compression, laceration, exposure, heat, noise and light (optical) radiation. Note that these Personal Protective Equipment (PPE) controls should be used in conjunction with other controls (engineering, administrative, and work practices).

Task	Frequency & Duration	Hazard	,	PPE required
Research using	Daily, up to 4 hours	Chemical	☑ EYE / FACE:	Safety glasses and face shield
organolithium	each time.	(flammability and	☑ Body:	Flame-resistant laboratory coat or
compounds		corrosivity)		coveralls
			✓ HAND:	Nitrile gloves
			✓ FOOT:	Closed-toe shoes
			☐ OTHER:	
Operation of Class 3B	Weekly, up to 15	Heat and Light	☑ Eye / Face:	Laser safety glasses/goggles with OD 5
laser	minutes each time.	(optical) radiation	☑ Body:	Long-sleeved shirts and pants made of
		(Burns to eyes		natural fibers
		and/or skin)	☐ HAND:	
			☐ FOOT:	
			✓ OTHER:	Hearing protection
Disposal of	Monthly, less than	Chemical	✓ EYE / FACE:	Safety glasses
biohazardous waste	30 minutes each	(bloodborne	✓ Body:	Laboratory coat
	time.	pathogens)	✓ HAND:	Gloves
			✓ FOOT:	Closed-toe sh
			☐ OTHER:	
			□ EYE/	
			Body	
			☐ HANI	
			FOOT	
			OTHE	
		-	□ EyE/	
			BODY	
			☐ HANI	
			FOOT	
			OTHER:	
			☐ EYE / FACE:	
			☐ BODY:	
			☐ HAND:	
			☐ FOOT:	
			☐ OTHER:	