

Personal Protective Equipment - Form 1: PPE Assessment and Training

The following form was developed to ensure compliance with the Oregon OSHA personal protective equipment (PPE) assessment, selection, and training. The rules require that each employer assess the workplace to determine if hazards are present, or are likely to be present, which necessitate the use of PPE. This assessment must be in writing and signed by the person conducting the assessment. Additionally, employees must be trained on the PPE they will be using before they will be allowed to complete the work task. This form must be completed for each employee. The completed, signed form shall be kept on record by the department.

1. PPE Requirements by Type: List the PPE required for each work task, equipment, or chemicals based on identified hazards.

Task, equipment, or chemical	Hazard(s)	Hand/Arm	Foot/Leg	Body	Head	Eye/Face	Hearing	Respiratory	Fall Protection / Falling Objects
<i>Example: Emptying trash receptacles</i>	<i>Splashes to eye, contact with hands, dropped objects</i>	<i>Nitrile gloves</i>	<i>Safety shoes w/protective toe cap</i>	<i>NA</i>	<i>NA</i>	<i>Goggles or safety glasses if potential for splashes</i>	<i>NA</i>	<i>NA</i>	<i>NA</i>

2. PPE Training Documentation: Additional training requirements for PPE

Training Item	Yes / No / NA	Additional Comments: (Ex. More training required, specific inspection requirements)
Employee was provided with all required PPE.		
Employee was informed of the hazards associated with each task.		
Employee was informed of which job duties require each piece of PPE.		
Employee was shown how to don and doff the PPE.		
Employee was shown how to make adjustments to fit the PPE and how the PPE should be properly worn.		
The limitations of each type/article of PPE were explained to the employee (Chemical compatibility, life span, etc.)		
Employee was shown how to clean and maintain reusable PPE.		
Employee was given disposal instructions for single use PPE.		
Employee was shown how to inspect the PPE for damage.		

PPE Assessment completed by: _____

Date: _____

Employee signature: _____

Date: _____