

<b>CITY OF APPLETON PERSONNEL POLICY</b>	<b>TITLE: Personal Protective Equipment (PPE)</b>	
ISSUE DATE: December 1996	LAST UPDATE: March 2002 August 2006 August 2012	SECTION: Safety
POLICY SOURCE: Human Resources Department	AUDIENCE: All employees who wear PPE	TOTAL PAGES: 17
Reviewed by Attorney's Office Date: March 15, 2002 October 2006 July 2012	Committee Approval Date: May 8, 2002 February 28, 2007 September 24, 2012	Council Approval Date: May 15, 2002 March 7, 2007 October 3, 2012

#### I. PURPOSE

To establish procedures for the selection, training, storage, cleaning and use of Personal Protective Equipment (PPE).

#### II. POLICY

The City of Appleton, in accordance with Federal and State law requires the use of Personal Protective Equipment. The policy shall cover eye/face protection, respiratory protection, head protection, foot protection, hand protection, and hearing protection.  
Violations of this policy will be subject to disciplinary action, up to and including discharge.

#### III. DISCUSSION

Personal Protective Equipment shall be provided, used and maintained wherever necessary. The City will conduct a Hazard Assessment Survey and Analysis on positions to determine the proper personal protective equipment (PPE) needed.

#### IV. DEFINITIONS

- A. Hazards - includes hazards of processes or environment, chemical hazards, radiological hazards, biological hazards, thermal or mechanical irritants encountered in the function of any part of the body through absorption, inhalation or physical contact.
- B. Personal Protective Equipment (PPE) - is specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (i.e. uniforms, pants, shirts, or blouses) are not intended to function as protection against a hazard and are not considered to be personal protective equipment
- C. ~~DSPSDWD~~ – Department of Safety and Professional Services~~Workplace Development~~
- D. OSHA – Occupational Safety & Health Act
- E. Shall - is interpreted to mean required.
- F. Should is interpreted to mean recommended but not required.

## V. PROCEDURES

### A. ASSESSMENT

The Human Resources Generalist/City Safety Coordinator will work with departments who utilize PPE to perform a Workplace Hazard Assessment that identifies whether foot, head, eye, face, respirator, hearing or hand hazards exist in their operation and processes. Based on the findings of the assessment, appropriate protective devices for the particular hazards will be selected. Consideration shall be given to the comfort and fit of safety equipment. See Exhibit I for a copy of the Hazard Assessment Survey and Analysis. Also included in the policy is Exhibit III which is a copy of department/division's hazard assessment. The individual Safety representative within each department/division's safety committee shall coordinate this assessment. These assessments shall be reviewed by this individual during each calendar year and the results submitted to Human Resources ~~the H.R. Generalist~~ annually.

### B. TRAINING

1. Upon hire, training shall be provided by department/division(s) to all employees who are required by this policy to use PPE. The employee(s) must demonstrate an understanding of the required PPE and the ability to use it safely before being allowed to perform work requiring the use of PPE. These employees shall be trained in the following:
  - a. When PPE is necessary.
  - b. What PPE is necessary.
  - c. How to properly don, doff, adjust, and wear PPE.
  - d. The proper care, maintenance, useful life and disposal of PPE.
  - e. The above must be demonstrated prior to the employee doing work requiring PPE.

### C. RETRAINING

1. Retraining shall take place when:
  - a. There are changes in the work place which render previous training obsolete.
  - b. Changes in the type of PPE to be used which renders previous training obsolete.
  - c. When a PPE hazard assessment indicates changes.
  - d. When an employee demonstrates that he/she has not retained the required understanding or skill.

~~2. Departments/divisions shall verify that each affected employee receives and understands the required training. A sign off showing the training date, topic and employee signature will be sent to Human Resources, through a written certification that contains:~~

~~a. Name of the trained employee.~~

~~b. The date of training.~~

~~c. The subject of certification.~~

\_\_\_\_\_

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~~3.2. Exhibit II may be used to document training or you may use your own department document.  
Forward the sign in sheet to Human Resources.~~

#### D. RESPONSIBILITY

##### 1. Supervisor/Department Safety Coordinator Responsibility

- a. The supervisor/department safety coordinator is responsible for providing employees with proper PPE and ensuring that the employees are wearing, at a minimum, PPE that is required for the site.

##### 2. Employee Responsibility

- a. Employees are responsible for:
  - Attending applicable PPE training classes.
  - Wearing required PPE where/when applicable.
  - Informing management when PPE is no longer usable.
  - Properly cleaning PPE as needed.

#### E. PROTECTION

##### 1. EYE AND FACE PROTECTION

- a. Suitable eye and face protection such as safety glasses, face shields, or goggles, should be worn at all times when exposed to eye or face hazards arising from flying particles, molten metal, liquid chemicals, acids or caustic liquids, chemical gases or vapors, or potentially injurious light radiation.
- b. Employees shall use eye protection that provides side protection when there is a hazard from flying objects. Detachable side protectors are acceptable.
- c. Employees who wear prescription lenses while engaged in operations that involve eye hazards shall wear eye protection that incorporates the prescription in its design, or shall wear eye protection that can be worn over the prescription lenses or the protective lenses.
- d. Employees shall use equipment with filter lenses that have a shade number appropriate for the work being performed for protection from injurious light radiation. If you are unsure about the shade number, you should contact either the vendor or discuss with your Safety Coordinator.
- e. All eye and face PPE shall be distinctly marked to facilitate identification of the manufacturer.
- f. Protective eyewear and face protection shall be periodically cleaned according to manufacturer instructions. If none are available, clean carefully with a mild soap solution for a period of time, rinse thoroughly and allow to air dry.
- g. Face shields are not to be considered eye protection and shall be worn only in conjunction with safety glasses or goggles.
- h. Contact lenses offer no protection against eye hazards and are not to be considered PPE.
- i. Employees who use contact lenses must wear appropriate eye protection instead of or in conjunction with their contact lenses.

##### 2. HEAD PROTECTION - The general requirement for head protection shall be observed in the City's head protection program. They are as follows:

- a. Each affected employee shall wear protective helmets when working in areas where there is a potential for injury to the head from falling objects.

- b. Protective helmets designed to reduce electrical shock hazard shall be worn by each affected employee when near exposed electrical conductors which could contact the head.
- c. Only hard hats approved by the American National Standards Institute (ANSI) shall be used.
- d. Head Protection for the Fire Department use shall meet applicable standards.

### 3. FOOT PROTECTION

- a. Employees shall wear protective footwear when working in areas where there is a danger of foot injuries due to falling or rolling objects piercing the sole, and where employees feet are exposed to electrical hazards. Protective footwear shall comply with American National Standards Institute (ANSI) Z41-1991.
- b. All employees are responsible for wearing the appropriate foot protection when it is required.
- c. Supervisors/Safety personnel are responsible for ensuring protective footwear is being worn in areas where required.
- d. Always replace safety shoes if the steel toe is exposed.

### 4. HAND PROTECTION

- a. Departments/divisions shall select and require employees to use appropriate hand protection when employee's hands are exposed to hazards such as those from vibration, skin absorption of harmful substances; severe cuts or lacerations; severe abrasions; punctures; chemical and thermal burns; and harmful temperature extremes.
- b. Departments/divisions shall base the selection of the appropriate hand protection on an evaluation of the performance characteristics of the hand protection relative to the task(s) to be performed, conditions present, duration of use, and the hazards and potential hazards identified.

### 5. RESPIRATORY PROTECTION

See Respiratory Protection Policy & Procedure


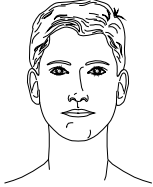


## PERSONAL PROTECTIVE EQUIPMENT (PPE) HAZARD ASSESSMENT SURVEY AND ANALYSIS



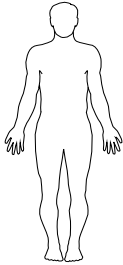
Department/Division: \_\_\_\_\_ Location: \_\_\_\_\_

Job Classification: \_\_\_\_\_ Operation/Process: \_\_\_\_\_

Person Performing Assessment: \_\_\_\_\_ Title: \_\_\_\_\_

### THE FOLLOWING HAZARDS HAVE BEEN NOTED

PART OF BODY	HAZARD	REQUIRED PPE	NOTES
<b>Hands</b>  See Standard 1910.138	<input type="checkbox"/> Penetration-sharp objects <input type="checkbox"/> Penetration-animal bites <input type="checkbox"/> Chemical(s) _____ <input type="checkbox"/> Extreme cold <input type="checkbox"/> Heat <input type="checkbox"/> Blood <input type="checkbox"/> Electrical shock <input type="checkbox"/> <b>Biological organisms</b> <input type="checkbox"/> Vibration-power tools <input type="checkbox"/> Other	<input type="checkbox"/> Leather/cut resistant gloves <input type="checkbox"/> Leather/cut resistant gloves <input type="checkbox"/> Chemical resistant gloves <input type="checkbox"/> type _____ <input type="checkbox"/> Insulated gloves <input type="checkbox"/> Heat/flame resistant gloves <input type="checkbox"/> Health grade vinyl or Nitrile gloves <input type="checkbox"/> Insulated rubber gloves; type _____ <input type="checkbox"/> Cotton or leather gloves <input type="checkbox"/> Other	
<b>Eyes and Face</b>  See standard 1910.133	<input type="checkbox"/> Impact-flying objects, chips, sand or dirt <input type="checkbox"/> Nuisance dust <input type="checkbox"/> UV light-welding, cutting, torch brazing or soldering <input type="checkbox"/> Chemical-splashing liquid <input type="checkbox"/> Chemical-irritating mists <input type="checkbox"/> Hot sparks-grinding <input type="checkbox"/> <b>Biological organisms</b> <input type="checkbox"/> Splashing molten metal <input type="checkbox"/> Glare <input type="checkbox"/> Other	<input type="checkbox"/> Safety glasses w/side shields <input type="checkbox"/> Glasses/goggles w/face shield <input type="checkbox"/> Impact goggles <input type="checkbox"/> Welding goggles/helmet/shield w/safety glasses & side shields <input type="checkbox"/> Chemical goggles/face shield <input type="checkbox"/> Chemical splash goggles <input type="checkbox"/> Safety glasses w/side shields <input type="checkbox"/> Glasses/goggles w/face shield <input type="checkbox"/> Safety goggles w/face shield <input type="checkbox"/> Shaded safety glasses <input type="checkbox"/> Other	
<b>Ears</b>  See standard 1910.95	<input type="checkbox"/> Exposure over 85 dBA <input type="checkbox"/> Exposure to sparks <input type="checkbox"/> Other _____	<input type="checkbox"/> Muffs and/or ear plugs <input type="checkbox"/> Leather welding hood <input type="checkbox"/> Other _____	
<b>Respirator System</b>  See standard 1910.134	<input type="checkbox"/> Nuisance dust/mist <input type="checkbox"/> Welding fumes <input type="checkbox"/> Asbestos <input type="checkbox"/> Pesticides <input type="checkbox"/> Paint Spray <input type="checkbox"/> Organic vapors <input type="checkbox"/> Acid gases <input type="checkbox"/> Oxygen deficient/toxic or IDLH atmosphere <input type="checkbox"/> Other <input type="checkbox"/> <b>Biological organisms</b>	<input type="checkbox"/> Disposable dust/mist mask <input type="checkbox"/> Welding respirator <input type="checkbox"/> Respirator w/HEPA filter <input type="checkbox"/> Respirator w/pesticide cartridges <input type="checkbox"/> Respirator w/paint spray cartridges <input type="checkbox"/> Respirator w/organic cartridges <input type="checkbox"/> Respirator w/acid gas cartridges <input type="checkbox"/> SCBA/Type C airline respirator <input type="checkbox"/> Other <input type="checkbox"/> N 100 Respirator	

<p>Feet</p>  <p>See standard 1910.136</p>	<input type="checkbox"/> Impact-heavy objects <input type="checkbox"/> Compression-rolling or pinching objects/vehicles <input type="checkbox"/> Slippery or wet surface <input type="checkbox"/> Penetration-sharp objects <input type="checkbox"/> Penetration-chemical <input type="checkbox"/> Splashing-chemical <input type="checkbox"/> Exposure to extreme cold <input type="checkbox"/> Sparks or molten metal <input type="checkbox"/> Other	<input type="checkbox"/> Steel toe safety shoes <input type="checkbox"/> Leather boots or safety shoes w/metatarsal guards <input type="checkbox"/> Slip resistant soles <input type="checkbox"/> Puncture resistant soles <input type="checkbox"/> Chemical resistant boots/covers <input type="checkbox"/> Rubber boots/closed top shoes <input type="checkbox"/> Insulated boots or shoes <input type="checkbox"/> Spats/molten splash guards <input type="checkbox"/> Other	
<p>Head</p>  <p>See Standard 1910.135</p>	<input type="checkbox"/> Struck by falling object <input type="checkbox"/> Struck against fixed object <input type="checkbox"/> Electrical - contact with exposed wires/conductors <input type="checkbox"/> Other	<input type="checkbox"/> Hard hat <input type="checkbox"/> Class A <input type="checkbox"/> Class B <input type="checkbox"/> Class C <input type="checkbox"/> Other	
<p>Body</p>  <p>See standard 1910.132</p>	<input type="checkbox"/> Impact-flying objects <input type="checkbox"/> Moving vehicles <input type="checkbox"/> Penetration-sharp objects <input type="checkbox"/> Chain saw <input type="checkbox"/> Electrical-static discharge <input type="checkbox"/> Hot metal or sparks <input type="checkbox"/> Radiant heat <input type="checkbox"/> Chemical(s) _____ <input type="checkbox"/> Exposure to extreme cold <input type="checkbox"/> Unprotected elevated walking/working surface <input type="checkbox"/> Ticks and/or bees <input type="checkbox"/> Prolonged sun exposure <input type="checkbox"/> Other <input type="checkbox"/> <b>Biological organisms</b>	<input type="checkbox"/> Long sleeves/apron/coat <input type="checkbox"/> Traffic vest <input type="checkbox"/> Cut-resistant sleeves, wristlets <input type="checkbox"/> Chain saw chaps/vest <input type="checkbox"/> Static control coats/coveralls <input type="checkbox"/> Flame resistant jacket/pants <input type="checkbox"/> Heat reflective clothing <input type="checkbox"/> Lab coat or apron/sleeves <input type="checkbox"/> Insulated jacket, hood <input type="checkbox"/> Body harness and lanyard <input type="checkbox"/> Paper Gown <input type="checkbox"/> Long pants and sleeves <input type="checkbox"/> Hat/sun screen <input type="checkbox"/> Other	

CERTIFICATION: I certify that I personally performed the above Hazard Assessment on the date indicated. This document is a Certification of the Hazard Assessment.

Signed by: \_\_\_\_\_ Date: \_\_\_\_\_

**EXHIBIT II**

**PERSONAL PROTECTIVE TRAINING**

DATE: \_\_\_\_\_ DEPARTMENT: \_\_\_\_\_

INSTRUCTOR: \_\_\_\_\_

The following employees have received and understand the required training for: (list the actual PPE you trained on this particular day)

\_\_\_\_\_

	Employee's Name	Signature
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____
7.	_____	_____
8.	_____	_____
9.	_____	_____
10.	_____	_____
11.	_____	_____
12.	_____	_____

**MUNICIPAL SERVICE BUILDING OPERATIONS DIVISION  
PERSONAL PROTECTIVE EQUIPMENT ASSESSMENT**

Task	Safety Shoes	Safety Glasses w/Side Shields	Ear Plugs	Work Gloves	Goggles	N100 Respirator	Hard Hat	Safety Vest	Anti-Vibration Gloves	Safety Harness	Face Shield	Chaps	Heat Resistant Gloves	Rubber Boots	Rain Suit	Specific Respirator	Rubber Gloves	Welding Shield
Active Construction Zone #	X	X					X	X										
Aerial Bucket Lift	X	X	R	X			X	O		X								
Air Impact Tools	X	X	X	R				O	X									
Air Spade	X	X	X	R				O	X									
Asphalt Paving	X	R	X	X				O										
Bio-Hazard Clean Up 3	X	X		X	X			O									X	
Chain Saw	X	X	X				X	O	X		X	X						
Chemical Handling 1	X				X			O										
Chipper	X	X	X				X	X										
Confined Space 2	X			X				O										
Crack Debris Removal - Asphalt	X	X	X	X		R		X	R		R							
Crack Debris Removal - Concrete	X	X	X	X		X		X	R		R							
Crack Filling - Concrete/Asphalt	X	X		X				X										
Drill Press	X	X																
Dry Sawing (conc/asph)	X	X	X	X		X		O										
Electric Impact Tools	X	X		X				O	R									
Equipment Operator	X							O										
Finishing Concrete	X			X				O										
Freon Handling	X	X		X				O										
Grinding, Metal	X	X	X	X				O			R							
Grinding, Pavement	X	X		X				O										
Hammer Drill	X	X	X	R				O	R									
Hydrant Steaming	X	X		X				O										
Jack Hammer	X	X	X	R				O	X									
Lathe	X	X																
Metal Break/Shear	X	X		X														
Mixing Paint/Thinner 1	X			X	X			O										

1 Refer to MSDS Sheets

2 Refer to Confined Space Entry Policy

3 Refer to Bloodborne Pathogen Policy

Revised 9/14/12 j/msb/msbsafety/ppeassessment

# Active Construction Zone is defined as when we are working within 50' of any overhead equipment/operations such as, but not limited to: Backhoes, Loaders and Cranes.

O Safety Vests are required if the work being done is within the road way or within an active construction zone.

R Recommended

**All work done in the street right of way must comply with the City of Appleton Temporary Traffic Control Manual.**



**EXHIBIT III**

**MUNICIPAL SERVICE BUILDING OPERATIONS DIVISION  
PERSONAL PROTECTIVE EQUIPMENT ASSESSMENT**

Overflow Collection	X	X		X				X									
Oxy/Acetylene Cutting	X	X		X	X			O					R				X
Painting 1	X	X		X				O									
Plasma Cutter	X	X		X				O					R				X
Pipe Threader	X	X		R													
Pouring Concrete	X	X		X				O									
Power Tools(drills,saws..)	X	X		R				O									
Prentice Loader	X	X					X	X									
Propane Handling	X	X		X				O									
Pungar	X	X	X	X				O	X								
Root Cutter	X	X	X					X									
Router - Asphalt	X	X	X	X			R	X	R								
Router - Concrete	X	X	X	X			X	X	R								
Sand Blasting(Fixed/Enclosed)	X	X	X														
Sand Blasting(Portable/Open)	X	X	X	X													
Sewer Cleaning	X	X	X	X				O									
Sewer Inspection/Survey	X	R		R				O								R	
Steam/pressure washer	X	X						O			X			R	R		R
Stump Grinder	X	X	X				X	X									
Table Saw	X	X	X	X													
Tree Planting	X	X						X									
Water Dept. Drill Rig	X	X	X	R				X									
Welding	X	X		X				O				X					X
Wet Sawing (conc/asph)	X	X	X	X				O									
Work in Road Way	X							X									
Yard Site Attendant	X							X									

1 Refer to MSDS Sheets

2 Refer to Confined Space Entry Policy

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Revised 9/14/12 j/msb/msbsafety/ppeassessment

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2012 Appleton Water Treatment Facility																				
Reviewed: October 1, 2012		HANDS				EYES and FACE				EARS	RESPIRATORY SYSTEM					FEET	HEAD	BODY		
	Task	Chemical Gloves	Rubber Gloves	Work Gloves	Nitrile/Lab Gloves	Face Shield	Chem Goggle	Safety Glasses w/shields	Safety Glasses	Ear Muffs/ Plugs	Gas/Air Monitor	SCBA On-Site	Full Face Resp.	Cartridge Color	Dust Mask	Rubber Boots	Hard Hat	Rubber Apron	Rain Suit	Harness/ Lifeline/ Tripod
<b>Chemicals / Chemical Handling</b>																				
	Aqua Ammonia	X						X				X	*			X			X	
	Carbon Dioxide (CO <sub>2</sub> ) Alarms			X				X			X	X								
	CIBALT-25	X					*	X							X					
	Citric Acid	X				X	*	X								X			*	
	Ferric Sulfate	X				X	*	X								X			*	
	Hydrofluorsilicic Acid	X				X	*	X								X			*	
	Lime (Calcium Oxide)	X				X	*	X							X	X			*	
	Acid Cleaning Lime Lines	X				X	*	X					X			X			*	
	Checking Lime Slaker	X				X	*	X	X						X					
	LCP-4 Polyphosphate	X				X	*	X												
	Miscellaneous Processes																			
	Calibrating All Chemical Pumps	X				X	*	X												
	Chemical Room Equipment Repair	X				X	*	X				X				X			X	
	Chemical Sump Pit Work		X			X	*	X			X		X			X	X		X	
	Chemical Unloading							X												
	Removing/Adding GAC to Contactors	X				*	REC		X							X	X		*	X
	Muriatic Acid / Hydrochloric Acid					X	*	X												
	Potassium Permanganate																			
	Change-Out KMnO <sub>4</sub> Totes, Checking, Sweeping, and Cleaning KMnO <sub>4</sub> **	X					X			*			*		X	*			*	
	Transferring KMnO <sub>4</sub> Tote-Tote	X					*			*			X			*			*	
	Powdered Activated Carbon (PAC)	X				X	*	X							X	X			*	
	Sodium Hydroxide	X				X	*	X					*			X			*	
	Sodium Hypochlorite	X	X			X	*	X					*			X			X	
	Aluminum Chlorohydrate					X	*	X												
<b>Cleaning Processes</b>																				
	Acidize pH Analyzers	X					*	X								X		REC		
	Acidize Turbidity Analyzers	X					*	X					X					REC		
	Acid Washing - Muriatic / Phosphoric		X				*	X					X			X			X	
	Calibration of Turbidimeter	X					*	X												
	Clean CL <sub>2</sub> Analyzers	X					*	X							X			REC		
	Cleaning Dust/Dirt from Machinery							X							*					
	Cleaning Membranes								X											
	Cleaning Prefilters/Backwashwater Filters								X											
	Cleaning Sump Pits (E, Gallery & Softener)	X						X			X					X				
	Lime Machine - Cleaning Slaker, Grit System	X				X	*	X					X			REC			REC	
	Power Washing with Soap/Solvents		X			X	*	X												
	Pressure Washing	X				REC	*									X	*		X	
	Sandblasting/Air Cleaning Operations					X		X							*					
	Sludge Sump	X					REC		X							X	X		REC	X
	Tank Cleaning	X		*		*	*	X	X				*			X	*		*	
<b>Confined Space</b>																				
	Confined Space "Non-permit Confined Space Entry"	X	*					X			X					*	X		*	
	Confined Space Horizontal - "Permit Confined Space Entry"		*	X				X			X	X				*	X			
	Confined Space Vertical "Permit Confined Space Entry"	X	*	X				X			X	*				*	X		X	X
<b>Fuel</b>																				
	Changing LP tanks			X			*	X												
	Diesel	X							X							*				

<b>HVAC</b>																			
SUVA 134a	X						X				X								
<b>Lab</b>																			
Colliert	X						X												
Lab Chemicals/Reagents: Follow MSDS	X				X	*	X											REC	
Laboratory Analysis (Alk/C12 Residual, etc)	X							X											
Nessler Reagent - Long Sleeve Shirt or Lab Coat Required	X						X												
<b>Maintenance Shop</b>																			
Concrete - Chipping/Breaking/Cutting			X		X		X		X										
Electric Tools Shop and Portable					X		X	X	*										
Grinding					X		X		*						*				
MAPP Gas (Metyl Acetylene Propadiene)			Leather				Shade #4												
Painting							X												
Pipe Cutting/Threading							X												
Pneumatic Hand Tools								X	*										
Rivets - Cutting					X		X		*										
Soldering							X												
Using Impact Wrenches/Air Tools							X		X										
Using Metal Cutting Lathe and Drill press					X		X		*										
Using Paint Remover / Solvents		X					X												
Using Power Tools / Fixed & Portable							X		*										
Power Tools - Cutting/Miling/Drilling							X		*										
Using Punches/Chisels/Other Impact Tools					X		X		*										
Welding			X		X ***		X												
<b>Membranes</b>																			
Glycerin Application to O-rings (membranes)								X											
Kochkleen Liquid Detergent II	X				X	*	X					X						X	
Membrane CIP / CEB with Citric Acid	X				X		X												
Membrane CIP/CEB with Hydrochloric Acid	X				X	*	X					X	Oliver/ Magenta					X	
Membrane CIP with King Lee	X				X	*	X							X				X-w/LS	
<b>Outside Facilities &amp; Processes</b>																			
Inspecting All Water Towers								X									X		
Snow Blowing/Grass Cutting/Weed Eating			X				X								X				
Lift Station Work			*				X			X	*				*		X		
Paints/Thinners for Water Towers	X					*						X						X	

NOTE: Safety Shoes are MANDATORY in all areas at all times

NOTE: Hearing Protection (Ear Muffs and Plugs) are required to be worn in areas of the plant that have signage requiring them.

\* If Applicable

\*\* Refer to KMnO4 Memo posted at the Lake Station

REC = Recommended

\*\*\* Welding Helmet

10/15/12

# Valley Transit

## PERSONAL PROTECTIVE EQUIPMENT REQUIREMENTS

Task	Safety Glasses	Face Shield	Hearing Protection	Respirator	Dust Mask	Rubber Gloves	Leather Gloves	Welding Jacket	Safety Vest
Painting	X			X		X			
Welding/Cutting		X		X			X	X	
Using Band Saw	X		X						
Using Pressure Washer	X	X	X			X			
Using Grinder	X		X		X		X		
Using Air Tools	X		X						
Run/Test Engines			X						
Hammering	X		X						
Cleaning With Solvents	X	X				X			
Operating Brake Lathe	X		X		X	X			
Servicing Batteries	X	X				X			
Operating Floor Machine			X		X				
Upholstery Cleaning	X		X			X			
Changing LP Tanks	X						X		
Fueling Buses	X					X			
Drilling	X						X		
Using Snow Blower	X		X						
Vacuuming Buses			X						
Filling/Using Salter	X				X	X			
Road Calls									X

**APPLETON FIRE DEPARTMENT  
PERSONAL PROTECTIVE EQUIPMENT REQUIREMENTS**

Conducted by: Ethan Kroll

Date: 11/15/12

	Turnout Gear	Bunker Pants	Boots	Gloves	Helmet	Hood	SCBA	PASS	Safety Glasses/ Goggles	SABA	PFD	Hard Hat	Chem. Suit	Cold Water Suit
Task/Equipment Operation	X	X	X	X	X	X	X	X						
Aerial Operations	X	X	X	X	X	X	X	X						
Aircraft Fire Operations	X	X	X	X	X	X	X	X						
Fire Suppression	X	X	X	X	X	X	X	X						
Forcible Entry	X	X	X	X	X	X	X	X						
Hazardous Materials	X	X	X	X	X	X	X	X		X		X	X	
Ladders	X	X	X	X	X	X	X	X						
Pumping Operations	X	X	X	X	X	X	X	X						
Ventilation	X	X	X	X	X	X	X	X						
Rescue:														
1. Confined Space			X	X		X	X	X	X	X		X	X	
2. High/Low Angle			X	X								X		
3. Ice Rescue	X	X	X	X	X	X					X			X
4. Structural Collapse			X	X	X				X					
5. Trench/Excavation	X	X	X	X	X	X			X					
6. Vehicle Extrication	X	X	X	X	X	X			X			X		
7. Water				X							X	X		
Ventilation	X	X	X	X	X	X	X							

**Police Department  
Personal Protective Equipment Requirements**

Task	Hepa Mask	Examination Gloves	Reflective Safety Vest	Hearing Protection	Eye Protection	Bike Helmet	Gloves
Known incidents involving Contagious diseases	X	X					
Incidents involving body fluids		X			X		
Performing first aid		X					
Directing traffic			X				
Firearms training				X	X		
Using air compressor during weapons cleaning/repair				X	X		
Caging/confining animals							X
Crossing guard duty			X				
Bike patrol					X	X	
SWAT	As Needed	As Needed			As Needed		

## PARKS, RECREATION & FACILITIES MANAGEMENT

### Personal Protective Equipment Roster 2012

	SAFETY GLASSES	HEARING PROTECTION	HARD HAT	FACE SHIELD	DUST MASK
<b>OPERATION</b>					
Operation of back pack blowers	X	X			
Operation of string trimmers	X	X			
Operation of 20" mowers	X	X			
Operation of out-front mowers	X	X			
Operation of tractors without cabs	X	X			
Operation of tractors with cabs	X	X			
Operation of radial arm saw	X	X			
Operation of table saw	X	X			
Operation of grinding wheels	X	X		X	X
Operation of grinders	X	X		X	X
Operation of sanders	X	X		X	X
Operation of power washer	X	X		X	X
Operation of jack hammer	X	X	X	X	X
Chemical application/use	Follow Label				
Confined Space Entry	See Confined Space Entry Procedures Manual				
Cleaning restrooms	X				
Handling garbage	X				
Working on/near a street					
Brushing	X	X	X		
Aerial Truck/Lift Operation	X	X	X		
Chainsaw operations	X	X	X		
Handling chemicals	Follow Label				
Chemical applications	Follow Label				

**Wastewater Treatment Plant  
Personal Protective Equipment Roster  
2012**

Task	Rubber Gloves	Rubber Boots	Chem Goggles	Face Shield	Safety Glasses/ Shields	Rain Suit	SAR On-Site	5 Min. Air Pac	Gas Detector	Full Face Cartridge Respirator	Dust Mask	Ear Plugs / Muffs	Work Gloves	Safety Shoes/Toe Guards	Rubber Apron	Hard Hat	Universal Precautions
Hydrochloric Acid Use (BFPs)	X	*								X				X	X		
Caustic Handling	X		*	X	*					X	X			X	X		
Chemical Sump Pit Cleaning	X	X				X			X	X				X	X		
Cleaning Dust/Dirt from Equipment					X						X			X			
Cleaning Sludge Storage Tanks		X				*			X			*	*	X		X	
Chipping/Breaking/Cutting Concrete					X							*	X	X			
Non-Permit Req. Confined Space	*	*			X				X				*	X		X	
Permit Req. Confined Space / Horizontal	*	*			X		X	X	X	*			*	X		X	
Permit Req. Confined Space / Vertical	*	*			X		X		X	*			*	X		X	
Cutting/Milling/Drilling Power Tools					X							X		X			
Cutting Rivets					X							X		X			
Ferrous Handling	X	X	X	X										X	*		
Grinding					X						*			X			
Lift Station Work	*	*			X		*		X					X		X	
Lab Analysis / Preparation (Hoods/Benches)					X									X			X
Pipe Cutting/Threading					X									X			
Painting					X									X			
pH probe maintenance	X				X									X			
Power Washing with Soap/Solvents	X			*	X							*		X			
Preparation of Lab Reagents/Sample Analysis	X			*	X									X			
Pretreatment Sampling	*				X									X			
Sodium Hypochlorite/Sodium Bisulfite	X	X	X			X				*				X			
Sandblasting/Air Cleaning Operations					X						*			X			
Soldering					X									X			
Sampler Acid Wash	X		*	*	*					X				X	X		
Sweeping Biosolids Storage					X						X			X			
Using Impact Wrenches/Air Tools					X							X		X			
Using Metal Cutting Lathe and Drill Press				X	X									X			
Using Power Tools / Fixed & Portable					X							X		X			
Using Paint Remover / Solvents	X				X									X			
Using Punches/Chisels/Other Impact Tools					X									X			
Welding				X**	X								X	X	X**		

\* If Applicable

\*\*Welding Helmet

\*\*Welding Apron/Clothing

Universal Precautions = Safety Shoes, Safety Glasses, Nitrile Gloves



### Appleton Health Department Personal Protective Equipment Requirements

			Health Grade Gloves	Rubber Chemical Gloves	Safety Glasses Side Shield	Face Shield	Muffs/ Ear Plugs	N100	Resp W/HEPA Filter	Full Safety Shoes *	Hard Hat	Coveralls	Traffic Vests	Paper Gown
<b><u>Environmental</u></b>														
Baiting Sewers	1												X	
Asbestos Sampling	2								X					
Construction Inspections	3				1						1			
Rabies Specimen Collection	4		X											
Chloroform Use	5				X									
<b><u>Weights &amp; Measures</u></b>														
Gas Pump Test Program	1									X		X		
Truck Meter Test Program	2			X						X		X		
Medium Capacity Scale Program	3									X				
Draining Service Station Test Trailer	4			X						X		X		
Large Capacity Scale	5									X				
Batch Plant Test Program	6									X	X	X		
<b><u>Nursing</u></b>														
Injections	1		Optional											
Finger Stick	2		X											
TB Investigation and/or Treatment	3		X					X						
Enteric Investigation and/or Treatment			X											
<b><u>Department Staff</u></b>														
Blood Spill	1		X			2								2
Emerging Infection Disease Investigation	2		3		3			3						3

\*Steel toe, slip resistant sole, chemical resistant

1 Based on site requirements by contractor

2 Required if splash potential

3 Based on suspected organism & CDC guideline