COMMUNITY COUNCIL

Personal Protective Equipment Orientation

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_acknowledge having received a copy of the general safety rules and I agree that I have also had instruction on how to properly wear and care for my personal protective equipment (PPE).

The intent of PPE at all times is the prevention of injury.

PPE falls into two categories:

1. Safety equipment worn at all times by workers (hard hats, safety footwear, safety glasses).
2. Protective equipment used for injury prevention for specific tasks (welding helmets, rubber gloves, fall protection harness, etc.).

The following directive is given by community council for all workplaces:

1. Employees must wear the appropriate safety gear as required on all construction sites (mandatory hard hats, hearing protection, eye protection and vests and safety footwear).
2. Any special protective equipment required while performing specific job tasks must be worn as well. (Safety harness, eye protection, dust masks, etc.).
3. All PPE, including safety boots will be provided by the community council and will meet or exceed the standards as set out in the Manitoba Workplace Safety and Health Act and regulations and CSA Standards.
4. Community council will ensure the proper PPE is available and in use by all workers.
5. Any protective equipment damaged or of questionable reliability must be returned to the supervisor/safety representative for repair or replacement.

Employee signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor/Safety Rep signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

COMMUNITY COUNCIL

Personal Protective Equipment Inspection

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Employee Name | Hearing Protection | Safety Glasses | Vest | Boots | Hard Hat |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**√ = OK X = NEEDS REPAIR / REPLACE**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

INSPECTED BY: SUPERVISOR REVIEW

COMMUNITY COUNCIL

Personal Protective Equipment Monthly Inspection

Worker Name: ­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check off all items which you have inspected and found to be in good condition. Don’t forget to add any protective equipment you use which is not listed below. Sign at the bottom of the column. Immediately advise your supervisor or safety coordinator if any equipment is defective.

|  |  |  |  |
| --- | --- | --- | --- |
| **PPE Item** | | **Check off items in good condition** | **Comments** |
| Hard Hat – replace if dented, missing padding, broken straps, etc. | |  |  |
| Steel Toe Boots/Foot Protection – replace if toe protection is worn off, replace broken laces, etc. | |  |  |
| High Visibility Vest – replace if straps are broken, visibility markers are faded/worn out, etc. | |  |  |
| Safety Glasses/Eye Protection – replace if scratched, missing lenses, fogging, etc. | |  |  |
| Hearing Protection – replace disposables often | |  |  |
| Gloves/Hand Protection – replace if worn out, stitching broken, damaged by hazardous materials | |  |  |
| **Specialized PPE Items** | | **Check off items in good condition** | **Comments** |
| Full Body Harness – replace if damaged buckles (bent, scratched), d-rings (bent, webbing (frays)), damage from hazardous materials, after a fall | |  |  |
| Lanyard – replace if webbing has cuts/holes, worn, frayed, damaged stitches, burns, broken strands, after a fall | |  |  |
| Respirator/Breathing Protection – replace if not annually fit tested, daily as needed, etc. | |  |  |
| Personal Floatation Device (Life Jacket) – replace if straps are broken, damaged in service, etc. | |  |  |
| Welding PPE (apron, visor, glasses, etc.) | |  |  |
| Chain Saw Chaps | |  |  |
| Chaulk Boots | |  |  |
| Hip Waders | |  |  |
| **Worker Signature** |  | | |
| **New PPE Provided** | | | |
|  | | | |
|  | | | |

Supervisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Community Council Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_