



PPE

Personal Protective Equipment

Content adapted from:

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PREFACE

Commented [SP1]: Mark Ness Comment: Not needed.

In an effort to promote safety and health issues in the work place, MMUA has assembled important information regarding the selection, use and care of personal protective equipment. General industrial standards dealing with this topic are contained in Subpart I - Personal Protective Equipment. Due to the wide range of activities conducted by cities/utilities and the complexity of applicable Occupational Safety and Health Administration (OSHA) regulations, not every detail about personal protective equipment can be addressed in this manual. However, this Personal Protective Equipment Manual presents major aspects of the law and can be used as a basis to form specific procedures and practices for the selection, use and care of personal protective equipment at your place of employment.

Managers/supervisors in cooperation with MMUA Safety Coordinators, are cautioned to refer to the OSHA Personal Protective Equipment Sources (Title 29, Code of Federal Regulations, Subpart I of Part 1910) to determine if additional procedures/practices need to be added to this program

In addition, those personnel who are responsible for compliance with the state and federal regulations must be alert for any future changes in the law and keep this manual current and updated.

This manual contains the checklists, outlines and other forms that will assist in the selections, use and care for personal protective equipment.

This manual may be reproduced by the owner to facilitate adoption and implementation of the owner's compliance program.

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INTRODUCTION

Hazards exist in every workplace in many different forms. State and Federal regulations require that employers protect their employees from workplace hazards that can cause injury and/or illness.

Controlling a hazard at its source is the best way to protect employees. Depending on the hazard or workplace conditions, it is recommended that engineering and/or administrative controls be used to manage or eliminate hazards to the greatest extent possible.

When engineering, administrative or work practice controls are not feasible or do not provide sufficient protection, employers must provide personal protective equipment to their employees and ensure its use.

PURPOSE

The purpose of this program manual is to assist employers with the following:

- Understanding the state and federal requirements that must be met.
- Know the basics of conducting a hazard assessment.
- Understanding the types of Personal Protective Equipment (PPE).
- Select appropriate PPE for the diverse work circumstances.
- Understand and provide the type of training needed to ensure the proper use and care of PPE.

SCOPE

The scope of this Personal Protective Equipment program is to document the hazard assessment, protective measures in place, and PPE is use at the City. As PPE devices are not to be relied upon as the only means by which to provide protection against hazards, this program shall be used in conjunction with administrative and engineering controls according to details of the AWAIR program.

REQUIREMENTS

OSHA regulation 29 CFR 1910.132 establishes general requirements for the selection, use, inspection and maintenance of personal protective equipment.

- The City will assess the work place to determine if hazards are present or are likely to be present that necessitate the use of personal protective equipment. The City shall verify that the hazard assessment has been performed by a written certification that:
 - Identifies the work place evaluated.
 - Name of the person certifying the evaluation.
 - Date of the hazard assessment.
- If hazards are present or likely to be present that necessitate the use of PPE the City shall select and require employees to use PPE that is suitable for the hazards identified in the hazard assessment.
- The City shall ensure that personal protective equipment is of safe design and construction for the work to be performed.
- The City shall select PPE that properly fits each employee.
- The City shall ensure that employees do not use damaged or defective PPE.
- The City shall inform employees of the hazard assessment and PPE selection decisions.
- The City will provide training to employees required to wear PPE. Training must include:
 - When PPE is necessary.
 - Type PPE of required.
 - Proper adjusting and wearing of PPE.
 - Limitations of PPE.
 - Proper care, maintenance, useful life and disposal of PPE.
- The City will document and certify that each employee has received and understands the training.
- The City shall provide and certify additional training to employees when:
 - Work place inspections indicate a training deficiency.
 - Work pace conditions render previous training obsolete.
 - PPE changes render previous training obsolete.
- The City will provide training prior to requiring employees to perform work that requires the use of personal protective equipment.

Commented [SP2]: Mark Ness Comment: Who is enforcing?

Commented [SP3]: Mark Ness Comment: Each Department Head?

REGULATIONS

Personal protective equipment includes all clothing and other devices (e.g., hard-hats, eye and face protectors, hearing protectors, gloves, aprons, protective foot wear and respirators) designed to protect the wearer from environmental, etiologic, chemical and physical hazards that are capable of causing injury or illness.

Requirements governing the selection, use, inspection and maintenance of personal protective equipment are established in several separate OSHA regulations.

The regulations apply to all work places and include the following general requirements.

Eye and Face Protection: 29 CFR 1910.133

OSHA regulation 29 CFR 1910.133 establishes requirements for the selection and use of eye and face protectors.

- The City shall require employees to use suitable eye or face protection when exposed to eye or face hazards from:
 - Flying particles.
 - Molten metal.
 - Liquid chemicals.
 - Acids or caustic liquids.
 - Chemical gasses or vapors.
 - Potentially injurious light.
- Eye protection must provide side protection.
- When worn by an employee that requires vision correction, eye/face protectors must, incorporate corrective lenses or be designed and fitted so as not to interfere with the wearing of corrective spectacles.
- The manufacturer must be clearly identified on face and eye protectors.
- Shade numbers must be clearly identified on filter lenses used to protect employees from injurious light.
- The City shall require employees to use filter lenses that are suitable for the injurious light to which they are exposed.
- The City shall ensure that eye and face protectors comply with consensus standards identified in the federal OSHA regulations stated above.

Respirators: 29 CFR 1910.134

OSHA regulation 29 CFR 1910.134 establishes requirements for the selection, use, inspection and maintenance of respiratory protective devices.

The City shall ensure that when respirators are used to protect employees from hazardous air contaminants, the devices shall be selected, used, inspected and maintained.

Head Protection: 29 CFR 1910.135

OSHA regulation 29 CFR 1910.135 establishes requirements for the selection and use of protective helmets.

- The City shall require employees to wear head protection when working in areas where there is a potential for injury to the head from falling objects.
- The City shall require employees to wear helmets designed to reduce electrical shock hazard when near exposed electrical conductors which could contact the head.
- The City shall ensure that protective helmets purchased comply with consensus standards identified in federal regulations stated above.

Foot Protection: 29 CFR 1910.136

OSHA regulation 29 CFR 1910.136 establishes requirements for the selection and use of protective footwear.

- The City shall require employees to wear protective footwear when working in areas where there is a danger of foot injuries from:
 - Falling or rolling objects.
 - Objects piercing the sole,
 - Electrical hazards.
- The City shall ensure that protective footwear complies with consensus standards identified in federal regulations stated above.

Hand Protection: 29 CFR 1910.138

OSHA regulation 29 CFR 1910.138 establishes requirements for the selection and use of equipment designed to protect the hands.

- The City shall select and require employees to use appropriate hand protection when employee’s hands are exposed to hazards such as:
 - Skin absorption of harmful substances.
 - Severe cuts or lacerations.
 - Severe abrasions.
 - Punctures.
 - Chemical burns.
 - Thermal burns.
 - Harmful temperature extremes.
- The City shall select appropriate hand protection on the basis of an evaluation of the performance characteristics of the hand protection in relation to the tasks to be performed, conditions present, duration of use and hazards and potential hazards identified.

Hearing Protectors: 29 CFR 1910.95

OSHA regulation 29 CFR 1910.95 establishes requirements for the protection of employees from harmful noise.

- The City shall ensure that hearing protectors are furnished to employees in accordance with procedures established in the written hearing conservation program.

Other Personal Protective Equipment:

Other OSHA regulations establish requirements for the protection of employees from hazards specific to the relevant regulation. These regulations can be found in various locations of the federal regulations. These are not limited to the following: 1910.66 Fall Arrest System; 1910.137 Electrical Protective Devices; 1910.266 Logging Operations; 1910.269 Electrical Power Generation, Transmission and Distribution; and 1926.106 Working over or near water.

- The City shall ensure that personal protective equipment is furnished to employees in accordance with requirements established in the federal and state regulations.

HAZARD ASSESSMENT

The City shall complete a comprehensive hazard assessment to identify physical and health hazards in the workplace.

The hazard assessment shall survey work **locations of the facility(s)** and operations to develop a list of potential hazards in the following basic hazard categories:

- **Impact:** (Examples: Working with or around powered tools or machinery. Use of powered liquid sprayers, air hammers, compressed air, or working in areas with high air turbulence where particles, fragments or chips are present. Working in areas where overhead hazards, falling hazards or moving hazards are present.)
- **Penetration:** (Examples: Working with or around powered tools or equipment. Working with glass, wire, metal, sharp objects or other materials that can cut or pierce when broken or fragmented.)
- **Compression -- Pinching/Crushing/Roll-Over:** (Examples: Working with or around moving equipment, or parts. Exposure to falling objects. Use of heavy equipment or tools that could cause compression injuries, etc.)
- **Chemical:** This is a broad category which may include chemicals ranging from slightly irritating (such as cleaning products) to highly corrosive or toxic substances used in laboratories or industrial settings. Working with carcinogens, mutagens or teratogens.
- **Thermal -- Heat/Cold:** (Examples: Operating furnaces, pouring and casting hot metal, welding. Working on steam, refrigerant, high temperature systems, etc. Working with cryogenic materials. Working in temperature extremes (e.g., steam tunnels, freezers, extended work outdoors in winter, etc.)
- **Harmful Dust** (Examples: asbestos, fiberglass, silica, animal dander. Woodworking, buffing, and general dusty conditions. High levels of airborne contaminants that cannot be eliminated by engineering controls.)
- **Light (Optical) Radiation:** (Examples: Electric arc or gas welding, cutting, or torch brazing or soldering. Working with or around lasers. Working around sources of UV radiation.
- **Biologic:** (Examples: Working with human pathogens or materials that may be contaminated with infectious human pathogens.)
- **Electrical:** (Examples: Working with energized electrical apparatus.)

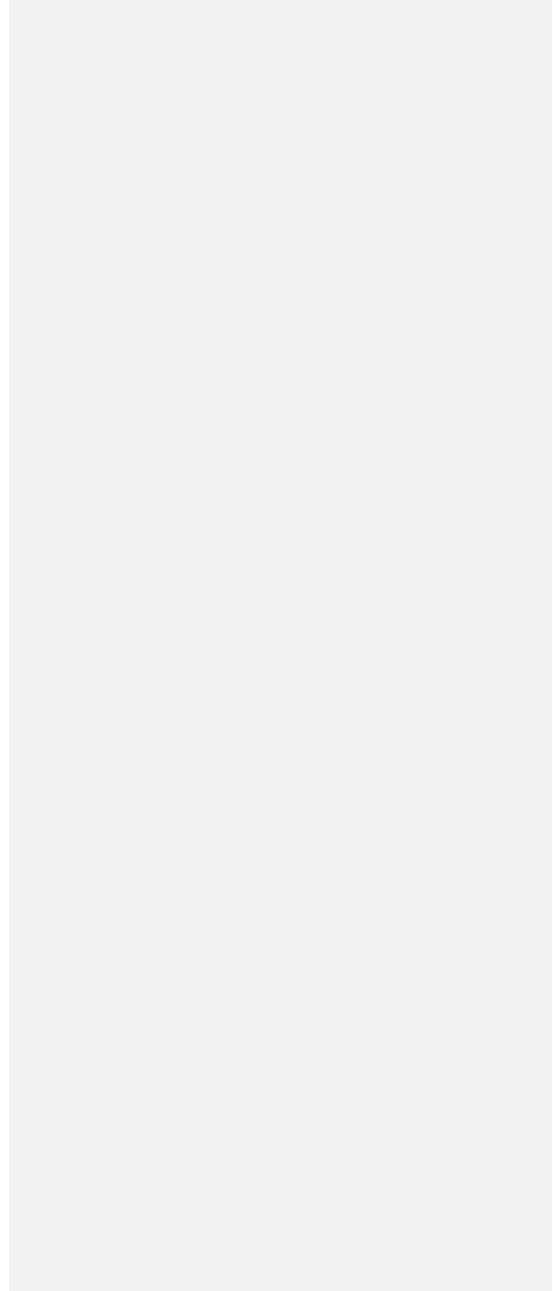
The comprehensive hazard assessment may include information from incident/accident records, First Reports of Injury, safety committee recommendations, safety data sheets and/or other documentation that identifies potential hazards.

Commented [SP4]: Mark Ness Comment: Each Department Head needs to do.

CERTIFICATION OF HAZARD ASSESSMENT FOR THE SELECTION OF PPE

City:	Department:
Supervisor Review	Affected Positions:
Hazard Assessment Certified By:	Date:

Task	Exposure	Hazard	Specified PPE	Referenced Used To Select PPE
	Head			
	Face/Eye			
	Hearing			
	Respiratory			
	Hands			
	Body			
	Feet			
	Head			
	Face/Eye			
	Hearing			
	Respiratory			
	Hand			
	Body			
	Feet			
	Head			
	Face/Eye			
	Hearing			
	Respiratory			
	Hand			
	Body			
	Feet			



PPE SELECTION

The City shall select PPE that conforms to requirements established in the relevant OSHA regulations. Selection considerations include:

- Fit and comfort
- Compatibility to work environment
- Safety Committee recommendations

CARE AND USE OF PPE

General Requirements

Personal protective equipment shall be inspected, sanitized and stored in accordance with applicable OSHA regulations and manufactures instructions.

Inspection of PPE

Employees shall inspect personal protective equipment before each use. Damaged, defective or soiled personal protective equipment shall not be used.

Disposal of Personal Protective Equipment

Damaged, defective, soiled or single use personal protective equipment shall be disposed in an appropriate trash receptacle.

Cleaning and Sanitation of PPE

Personal protective equipment shall be cleaned and sanitized as necessary to ensure comfort, effectiveness and safe use. Items contaminated with hazardous chemicals shall be cleaned or disposed of after each use.

Storage of PPE

To ensure continued effectiveness, personal protective equipment shall be stored in accordance with applicable safety and health standards, and the manufactures recommendations. In all situations personal protective equipment shall be stored in such a manner so as to prevent physical, chemical and environmental damage.

TRAINING

Initial Employee Training

All employees will receive training before being allowed to perform work that requires the use of personal protective equipment.

Initial employee training and information will include:

- Information on applicable OSHA safety and health standards.
- Information on employee responsibilities for the use and care of personal protective equipment.
- Information on the nature and severity of work place hazards that necessitate the wearing of personal protective equipment.
- Information on the types of personal protective equipment required for specific areas and jobs, and the criteria used to select the equipment.
- Instruction on the limitations of personal protective equipment.
- Instruction on the proper care, maintenance, useful life and disposal of personal protective equipment.

Refresher Training

Additional or refresher training will be provided when:

- Training session indicates that employees do not understand the information presented.
- Workplace observations (e.g., the improper use, care and maintenance of personal protective equipment) indicate a training deficiency.
- Changes in the work place introduce new hazards.
- Changes in the types of personal protective equipment render previous training obsolete.

Training Recordkeeping

The City shall maintain documentation of employee training.

HEARING PROTECTION AND CONSERVATION

(Note from Sharon – The Maintenance Department is trained with their OSHA trainings, is this section necessary for the other employees? Bar noise from bands?)

PURPOSE & SCOPE

The purpose of the Hearing Protection and Conservation Program is to protect employees from noise-induced hearing loss as a result of noise hazards in the work place. Provide a written policy and procedure that complies with the OSHA Occupation Noise Standard.

The scope of the Hearing Conservation Program encompasses whenever employee noise exposures exceed the action level. The action level is described as an eight hour time weighted average of 85dBA or more.

PROGRAM ELEMENTS

- Exposure monitoring of noise hazards in the workplace
- Implementation of administrative or engineering controls, where feasible
- Employee notification of excessive noise levels and their involvement in the hearing conservation program
- Annual audiometric testing and necessary follow-up procedures
- Proper use, care, and availability of hearing protection devices
- Employee training regarding the effects of noise on hearing, etc.
- Recordkeeping and retention of records

ADMINISTRATION

The Plan Administrator for the City Hearing Protection and Conservation Program is:

Name	Title

This Plan Administrator oversees the program, evaluates it regularly, and works with supervisors and employees to ensure it is being administered effectively. The primary responsibilities of the Plan Administrator are to ensure that proper noise hazard assessment (exposure monitoring), audiometric testing, hearing protector selection, and employee training are conducted. This includes the selection and purchase, rental, or lease of adequate noise monitoring equipment, hearing protection devices, and noise abatement materials.

Commented [SP5]: Mark Ness Comment: It needs to stay at everyone, but if the department does not use it, they need to document it in the hazard assessment.

The Plan Administrator with the task of implementing and maintaining the Hearing Protection and Conservation Program. Safety Coordinator duties include:

- Helping the Plan Administrator select the proper hearing protector for the job based on the hazard(s) involved.
- Performing the assessment of noise hazards and exposure monitoring.
- Assure that signs in noise hazard areas are posted and placing labels on noisy equipment as identified.
- Assisting the Plan Administrator to ensure employee hearing protectors are available, properly worn, adequately cleaned and stored in an appropriate manner.
- Assist the Plan Administrator to ensure that employees in the program receive an annual audiogram and appropriate training, where appropriate and required.
- Contacting the Plan Administrator when questions or problems arise that involve the Hearing Protection and Conservation Program.

EXPOSURE MONITORING

The City shall implement an exposure monitoring program to measure sound levels wherever information indicates that employee noise exposure may be at or above the action level.

Initially, suspected or reported noise hazards are investigated by the Plan Administrator, with an appropriate sound measuring instrument to determine if the sound generated has the potential of reaching the action level.

Results of all noise surveys are recorded on Noise Survey Form. The Plan Administrator, reviews these survey results to determine if a noise hazard exists and/or if further action is necessary.

The Plan Administrator implements further exposure monitoring, if necessary, reviews appropriate noise surveys for potential noise hazards in the workplace, decides whether employees should be included in the Hearing Protection and Conservation Program. The Plan Administrator determines the appropriate hearing protection to be used.

The Plan Administrator in consultation with employees and other professionals shall give consideration to administrative and/or engineering controls to eliminate exposure to noise levels exceeding the action level.

Generally, exposure monitoring is conducted with a sound level meter (SLM), however, follow-up monitoring may involve other equipment, such as a personal noise dosimeter, where appropriate.

Employees and Supervisors shall notify the Plan Administrator when there are significant changes in operations or equipment that may result in increased noise levels.

Signs and warning labels shall be used to alert employees to noise hazard areas as indicated by noise monitoring.

EMPLOYEE NOTIFICATION OF NOISE MONITORING RESULTS

The Plan Administrator shall notify affected employees about the results of the exposure monitoring. The information will be shared with all employees where the monitoring indicates the noise exposure is above the action level.

The Plan Administrator determines the appropriate hearing protection to be used. Generally, exposure monitoring is conducted with a sound level meter (SLM), however, follow-up monitoring may involve other equipment, such as a personal noise dosimeter, where appropriate.

EMPLOYEE NOTIFICATION OF INCLUSION IN THE HEARING PROTECTION & CONSERVATION PROGRAM

The Plan Administrator shall notify affected employees about their inclusion in the Hearing Protection and Conservation Program.

This notification shall inform the employee of their status and to initiate audiometric testing requirements. This notification shall be sent on an annual basis.

AUDIOMETRIC TESTING

Commented [SP6]: Mark Ness Comment: Same as above

(Note necessary? Can we change this to maintenance Dept?)

Employees involved in the Hearing Protection and Conservation Program receive annual audiometric testing by a Recognized Professional. A Recognized Professional is a licensed or certified audiologist, otolaryngologist, or other physician -- or a qualified technician under the direction of one of the former-- with experience in audiometric testing. The audiometric testing program complies with the requirements of the OSHA Occupational Noise Exposure standard. Major areas include:

- Establishing and maintaining an audiometric testing program for all employees whose noise exposure is at or above the action level.
- Conducting baseline audiograms within six months of an employee*s first exposure to noise exposure at or above the action level and continued annual testing as long as the employee remains in the program.
- Comparing each employee*s annual audiogram to the baseline audiogram to determine if the audiogram is valid and a standard threshold shift has occurred.
- Maintaining a record of employee audiometric tests.
- Utilizing appropriate audiometric test equipment and procedures.
- Checking the audiometer for proper function and calibration as specified.
- Meeting background sound requirements for audiometric testing rooms.

The Employee Audiometric Record is used by the Recognized Professional to summarize the results of an employee's audiometric tests. The Recognized Professional shall

compare each employee's baseline and annual audiogram to determine if a standard threshold shift has occurred and note it on the Corresponding Employee Audiometric Record sent to the Plan Administrator.

The Plan Administrator shall have access to the Employee Audiometric Record and will receive a confidential updated copy after each employee's audiometric test. This information is used by the Plan Administrator to document the employee hearing status, determine if follow-up testing is required, and send the appropriate employee written notification.

Employee Notification of a Normal Hearing Test

Notification of the employee shall be the responsibility of the Plan Administrator. Affected employees should be notified of the results of their audiometric test if their hearing test was normal or if a re-test is suggested by the Recognized Professional

Employee Notification of a Standard Threshold Shift

If a standard threshold shift (STS) has occurred, the employee is notified by the Plan Administrator in writing within 21 days of the time that the standard threshold shift was determined. Employees who experience a STS are (1) (re)fitted and (re)trained on the care and use of hearing protectors, and if necessary, (2) provided a hearing protector that offers better attenuation (i.e. reduce employee exposure below the action level).

Employee Notification of a Follow-up Referral

If a standard threshold shift has occurred, referrals for further evaluation of employee hearing problems may be necessary. Such referrals are initiated by the Recognized Professional when:

- Additional testing is thought to be necessary, or
- The problem is thought to be caused or aggravated by wearing hearing protectors.

In referral cases, the employee is scheduled for either an audiological evaluation or an otological examination, as appropriate. The Plan Administrator will provide all necessary information to accommodate the referral, as suggested by the Recognized Professional, and inform the employee of the need for further examination.

Special Case

The Plan Administrator will inform any employee of their new audiometric interpretation if the standard threshold shift is found not to be persistent and the employee is no longer exposed to noise at or above an 8-hour time-weighted average of 90 dBA. The employee may discontinue use of hearing protectors in this case.

HEARING PROTECTION DEVICES

Hearing protection devices will be provided to all employees exposed to noise at or above the action level.

Employees shall be given the opportunity to select their hearing protective devices from a variety of suitable choices.

The Plan Administrator along with supervisors shall ensure that hearing protective devices are available, correctly used, cared for and properly worn by employees.

Adequacy of hearing protective device attenuation for devices worn by employees shall be determined by the Plan Administrator in cooperation with the MMUA Safety Coordinator.

EMPLOYEE TRAINING

Employees in the Hearing Protection and Conservation Program receive annual training regarding:

- The effects of noise on hearing,
- The purpose of hearing protectors (advantages and disadvantages), noise reduction rating of various types, and instructions on selection, fitting, use and care, and
- The purpose of audiometric testing and an explanation of the test procedures.

If it is determined that an employee has experienced a standard threshold shift, the person will be retrained on the care and use of hearing protectors by the Plan Administrator in cooperation with the MMUA Safety Coordinator at the time the STS is determined.

Hearing Protection & Conservation Program Noise Survey Form

City _____ Building/Location/Operation _____ Date of Survey _____

Noise Instrument Type _____ Model _____ Serial # _____ Calibration Before (Yes No) Calibration After (Yes No)
(circle "yes" above if instrument calibration verified)

Surveyor's Name _____ Survey Number _____

Area/Equipment Monitored	Range of Noise Levels Measured	Room/Work Area	Hearing Protection Required? (circle one)	Hearing Protection Signs Posted? (circle one)	Sketch of the Work Area/Room
(1)			Y N N/A	Y N N/A	
(2)			Y N N/A	Y N N/A	
(3)			Y N N/A	Y N N/A	
(4)			Y N N/A	Y N N/A	
(5)			Y N N/A	Y N N/A	

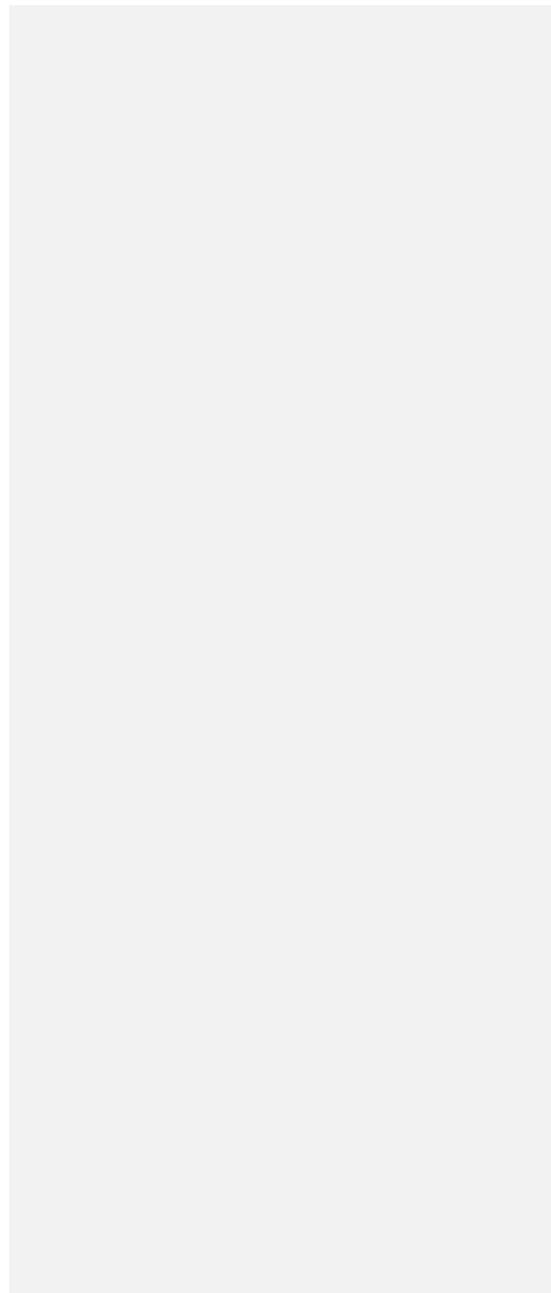
Indicate names of employee(s) involved in each area and other specific information on the backside of this form.

**Hearing Protection & Conservation Program
(Noise Survey Form *continued*)**

SPECIFIC INFORMATION:

Area/Location & Superv. (# Identified on Front Side)	Employee Name	Job/Task	Time Monitored (Start:Stop)	Specific Noise Level (TWA or Dose Measured)	Comments	Include In Hearing Conservation Program (Circle One)
(1)						Y N N/A
(2)						Y N N/A
(3)						Y N N/A
(4)						Y N N/A
(5)						Y N N/A

OTHER DETAILS:



Hearing Conservation Program *Employee Notification of Noise Monitoring Results*

To: _____ Employee Date: _____

From: _____, Plan Administrator

RE: Supervisor and Employee Notification of Noise Monitoring Results

The employee(s) and area(s)/equipment identified below were involved in a recent noise survey. Sound measurements resulting from that investigation are based on an eight hour time weighted average (TWA) and are indicated in the "noise level" column below. **Noise hazards of 85 dBA (TWA) or above are marked with an asterisk (*) and exceed the Action level of the Hearing Protection & Conservation Program. Wearing hearing protection will reduce these noise exposures to acceptable levels. Therefore, proper hearing protection devices must be worn by those individuals (marked with a double asterisk - **) who work with the equipment or in the areas identified as noise hazards.** Please notify the Plan Administrator of any discrepancies and/or other employees who may have been excluded from this list. "Hearing Protection Required" sign(s) must be posted in the noise hazard work area(s) and attach warning labels to noise hazard equipment.

Results of Noise Monitoring

Location/Operation: _____ Date: _____

Department: _____

Employee Name (please print)	Job/Task Conducted	Area/Equipment Surveyed	Noise Level dba, TWA

- Employees identified by the (**) above are included in the City/Utility Hearing Protection & Conservation Program.** Employees in this program must:
- Be notified of the noise hazard areas (equipment).
 - Be provided adequate hearing protection devices and be required to wear them while conducting this work or until such time that noise levels are reduced to safe levels.
 - Receive an annual hearing test and training about the effects of noise exposure as well as other pertinent information about hearing protection.

- Supervisors:**
- Ensure that all employees involved in this monitoring are made aware of the results. In addition, notify those employees who work with noise hazards of their inclusion in the Hearing Protection & Conservation Program.
 - Post a copy of this memo and Noise Monitoring results in the workplace for employee review.

Hearing Protection & Conservation Program
Employee Notification of Inclusion in the Program and Scheduled Hearing Test

To: _____ Employee Name Date: _____

From: _____ Plan Administrator

Re: Hearing Conservation Program and Scheduled Hearing Test

Due to the levels of noise in your work area, you are required to be in the Hearing Protection & Conservation Program. You have been notified about the noise hazard areas/equipment with which you work. Please ask to review that information or any other information about the Hearing Protection & Conservation Program if you have any questions regarding those topics.

Your involvement in this program means that you must:

- Be notified of the noise hazard areas (equipment) with which you work.
- Be provided adequate hearing protection devices and be required to wear them while conducting this work, and
- Receive an annual hearing test and training about the effects of noise exposure as well as other pertinent information about hearing protection.

YOUR HEARING TEST HAS BEEN SCHEDULED FOR		
DATE AND TIME	LOCATION	PLEASE CALL THIS NUMBER TO CONFIRM APPOINTMENT

It is important that you be in a quiet area for at least fourteen (14) hours prior to the hearing examination. If you are going to be in a noisy area (≥ 85 dBA*), it will be necessary for you to wear appropriate hearing protection. Your supervisor will be able to tell you if you need to wear hearing protection at work.

Show this letter to your supervisor. Bring this signed form with you to _____ (Hospital, Clinic) and have it signed by the person who gives you the hearing test.

Give this completed form to your supervisor when you return to work.

Signature of Supervisor & Title:** _____

Signature of Recognized Professional: _____

Examination Completed: _____ am/pm

* If you need to "raise your voice" in order to be heard by another person (within 3 feet), the sound is probably above 85 dBA.
 ** Return this form to the Plan Administrator when the employee returns from the hearing test

Hearing Conservation Program
Employee Notification of a Normal Hearing Test

To: _____ Employee Name Date: _____

From: _____, Plan Administrator

Re: Report of normal hearing test results

The results of your recent hearing test indicate your present hearing ability is normal or similar to previous results. However, it is important that you continue to wear hearing protection as you have done in the past, or as the job requires. You are included in the Hearing Protection & Conservation Program because of the noise hazards you must work with for your job.

It is also important for you to wear hearing protection "off the job" as well, especially during those activities that are unusually noisy. For example, excessive noise levels may be produced from electric drills, sanders, power saws, grass and hedge trimmers, lawn mowers, snow blowers, garden tractors and other equipment operated around the house. Operating this equipment without hearing protection can damage your hearing over time.

Although it may not be required, wear your hearing protection any time you feel an area is noisy. Some individuals find certain types of noise very annoying. Decreasing the noise exposure has been found to reduce fatigue and anxiety in some people. Under these circumstances, many people say they feel better at the end of a workday when they wear hearing protection.

This hearing test was conducted to protect your health. Wear your hearing protection properly (and as required). Please talk to your supervisor or contact me if you are concerned about proper fit or type of hearing protection to wear.

Keep up the good work.

Hearing Conservation Program
Employee Notification Hearing Re-test

To: _____ Employee Name Date: _____

From: _____, Plan Administrator

Re: Hearing Re-test.

The results of the recent hearing test indicate that your hearing ability has changed from your past audiogram. This change may have been caused by unusual noise exposure, current medication, a common cold, or other conditions that effect hearing. Another hearing test has been scheduled to determine whether this new hearing level is a permanent change for you.

YOUR HEARING RE-TEST HAS BEEN SCHEDULED FOR		
DATE AND TIME	LOCATION	PLEASE CALL THIS NUMBER TO CONFIRM APPOINTMENT

It is important that you be in a quiet area for at least fourteen (14) hours prior to the hearing examination. If you are going to be in a noisy area (≥ 85 dBA*), it will be necessary for you to wear appropriate hearing protection. Your supervisor will be able to tell you if you need to wear hearing protection at work.

Show this letter to your supervisor.

Bring this signed form with you to _____ (Hospital, Clinic) and have it signed by the person who gives you the hearing test. **Give this completed form to your supervisor when you return to work.**

Signature of Supervisor & Title:** _____

Signature of Recognized Professional: _____

Examination Completed: _____ am/pm

* If you need to "raise your voice" in order to be heard by another person (within 3 feet), the sound is probably above 85 dBA.

** Return this form to the Plan Administrator when the employee returns from the hearing test

Hearing Conservation Program
Employee Notification Standard Threshold Shift

To: _____ Employee Name Date: _____

From: _____, Plan Administrator

Re: Report of a standard threshold shift from previous hearing tests.

The results of the recent hearing test you received at _____ (Hospital, Clinic) indicates your hearing ability has changed from previous measurements. Your average hearing loss is _____ decibels (dB) and represents what is known as a permanent Standard Threshold Shift (STS). The overall degree of hearing loss for you is categorized as: ____slight, ____moderate, ____high. (Appropriate response checked.)

It is very important that you eliminate your exposure to high levels of noise. (If you have to raise your voice to be heard by another person within a three foot distance that would be considered a high noise level.) Most noise hazard areas in the work place have been identified and posted with "Hearing Protection Required..." signs.

You are required to wear your hearing protection in noise hazard areas. Wearing appropriate hearing protection devices will reduce on-the-job noise levels to within acceptable limits and should eliminate further noise induced hearing loss. Hearing protection devices are available from your supervisor and are selected by the Plan Administrator.

It is also important for you to wear hearing protection off the job during those home activities that are extremely loud. For example, high levels of noise may be produced from electric drills, sanders, power saws, grass and hedge trimmers, lawn mowers, snow blowers, garden tractors, and other equipment operated around the house. Operating this equipment without hearing protection can further damage your hearing.

Please contact me at the phone number listed below to discuss your present hearing protection, noise hazards or any further training, evaluation, and examinations that are available.

Plan Administrator Phone Number

Signature of Plan Administrator:

RESPIRATORY PROTECTION

Maintenance is trained at OSHA, necessary for other departments?

PURPOSE & SCOPE

This program contains written policies and procedures intended to comply with the Occupational Safety and Health Administration (OSHA) Respiratory Protection Standard, including guidelines for selection and use of air purifying and air supplying respirators by employees. Its purpose is to safeguard employee health in those cases where respirators are needed to prevent a significant exposure to workplace respiratory hazards.

Respirators are personal protective devices that are used by employees to safeguard their health. Respirators are meant to be used in those situations where clean, breathable air is needed and engineering controls are either not possible or not economically feasible. As examples, respirators may be used in temporary situations while new equipment is being installed, corrections are being made to a system, or emergency maintenance is being conducted.

Employee respirators are carefully chosen for the contaminant of concern by conducting a hazard assessment. Employees will receive training on the respirator care and use as well as the limitations of the chosen respirator. Each employee must be medically approved by a physician and fit tested by a qualified person or they will not be allowed to wear a respirator on the job.

ADMINISTRATION

The following person is the Program Coordinator for the Respiratory Protection Program:

Name and Title

The Program Coordinator will oversee the program, evaluate it regularly, and work with supervisors to ensure it is being administered effectively. The primary responsibilities of the Program Coordinator are to ensure that proper hazard assessment, respirator selection, and employee respirator certification are conducted.

Program Coordinator may seek assistance from other employee(s) or supervisors with the task of implementing and maintaining the Respiratory Protection Program.

These duties include:

- Helping the Program Coordinator select the proper respirator for the job based on the hazard(s) involved.
- Allowing only approved respirators to be used by employees.

Commented [SP7]: Mark Ness Comment: It needs to stay at everyone, but if the department does not use it, they need to document it in the hazard assessment.

- Ensuring employee respirators are cleaned and maintained in proper working order.
- Inspecting employee respirators regularly for proper function.
- Ensuring that employees receive proper training and a face piece fit test prior to wearing the respirator on the job.
- Contacting the Program Coordinator when questions or problems arise that involve the Respiratory Protection Program.

Standard operating procedures dealing with respirator limitations, donning procedures, and proper respirator care and use are addressed during employee training sessions.

SELECTION

Hazard assessment is a primary part of respirator selection. The Program Coordinator, in cooperation with the MMUA Safety Coordinator will ensure a hazard assessment for potential contaminants in the work place is completed and determine what type of respirators are to be used. Selection criteria from consensus standards established in OSHA requirements is used to determine the proper respirator for the job.

The City/Utility shall ensure that the proper respiratory equipment is available and that employees wear it correctly while the work is conducted. Employees and Supervisors shall also notify the Program Coordinator and/or MMUA Safety Coordinator when the work operations are modified or the contaminant(s) involved changes.

TRAINING

Employees who are required to wear a respirator will receive training about the proper care and use of the respirator prior to wearing the respirator on the job. The respirator training program will include:

- Type of chemical hazards.
- Reason for medical evaluation.
- Purpose of the respirator.
- Respirator selection.
- Respirator limitations.
- Wearing, fitting, and operating instructions.
- Proper respirator cleaning and routine inspection.
- Respirator maintenance and storage.
- Handling emergency situations.

Employees will generally receive training for their respirator(s) on an annual basis

FIT TESTING

Employees who wear negative air respirators receive a face piece fit test prior to using the respirator. The specific protocol is determined by the Program Coordinator and will be based on the type and limitations of the specific respirator tested. The fit testing will be conducted according to protocol established in OSHA regulations Appendix A of 1910.134.

INSPECTION, CLEANING, MAINTENANCE & STORAGE

Employees are instructed on the day-to-day care, maintenance, storage and use of their respirators during the respirator training program. Program Coordinator will routinely inspect employee respirators to ensure that they are properly used, clean, in good working order, and stored correctly. Emergency respirators are inspected monthly.

MEDICAL APPROVAL

Employees are evaluated by a physician to determine if they are physically able to do their work while using a selected respirator. The medical evaluation of the employee is conducted prior to wearing the respirator on the job. Medical approval and tests performed are at the discretion of the physician. Only medically approved employees will be allowed to wear a respirator.

WORK PLACE SURVEILLANCE

The program coordinator will ensure that work areas are monitored to ensure the worker exposure to chemicals, as well as conditions like stress, work rate, and environmental conditions are within the limitations of the respirator being used. As necessary, air monitoring will be conducted to ensure the concentration of the chemical contaminant is within the limitations of the respirator selected.

MEDICAL EVALUATION FORM RESPIRATORY PROTECTIVE EQUIPMENT

Name _____ Title _____

Date of Birth _____

Supervisor _____ Department _____

Employees must receive medical approval before wearing a respirator on the job. Please answer the questions in Section I for the physician who will be doing the medical evaluation, or indicate by checking the box if you prefer to speak directly to the physician. Sign and date the form when you have finished.

SECTION I - Medical Evaluation Questions (to be completed by employee)

Include those questions in this area that are suggested by the physician who will be giving the medical approval. Please see the following pages for a list of typical medical evaluation questions included by the physician.

I would prefer to provide this information directly to the Physician.

SECTION II - Respirator Certification Information (to be completed by Program Coordinator)

TYPE: Air Purifying Powered Air Purified SCBA Other Supplied Air

DESCRIPTION: Full Mask Half Mask Disposable

BRAND:

Section III. Medical Approval For Respirator (to be completed by Physician)

The applicant is authorized to use the following respirator(s):

Air Purifying Powered Air Purifying SCBA Other Supplied Air

Comments: _____

Physician's Signature

MEDICAL QUESTIONNAIRE RESPIRATORY PROTECTIVE EQUIPMENT

To the employer: Answers to questions in Section 1, and to question 9 in Section 2 of Part A, do not require a medical examination.

To the employee:

Your employer must allow you to answer this questionnaire during normal working hours, or at a time and place that is convenient to you. To maintain your confidentiality, your employer or supervisor must not look at or review your answers, and your employer must tell you how to deliver or send this questionnaire to the health care professional who will review it.

Part A. Section 1. (Mandatory) The following information must be provided by every employee who has been selected to use any type of respirator (please print).

1. Today's date: _____

2. Your name: _____

3. Your age (to nearest year): _____ 4. Sex (circle one): Male Female

5. Your height: _____ ft. _____ in. 6. Your weight: _____ lbs.

7. Your job title: _____

8. A phone number where you can be reached by the health care professional who reviews this questionnaire (include the Area Code): _____

9. The best time to phone you at this number: _____

10. Has your employer told you how to contact the health care professional who will review this questionnaire (circle one): Yes/No

11. Check the type of respirator you will use (you can check more than one category):

a. _____ N, R, or P disposable respirator (filter-mask, non-cartridge type only).

b. _____ Other type (for example, half- or full-face piece type, powered-air purifying, supplied-air, self-contained breathing apparatus).

12. Have you worn a respirator (circle one): Yes No

If "yes," what type(s): _____

Part A. Section 2. (Mandatory) Questions 1 through 9 below must be answered by every employee who has been selected to use any type of respirator (please circle "yes" or "no").

1. Do you *currently* smoke tobacco, or have you smoked tobacco in the last month: Yes No

2. Have you *ever had* any of the following conditions?

- a. Seizures: Yes No
- b. Diabetes (sugar disease): Yes No
- c. Allergic reactions that interfere with your breathing: Yes No
- d. Claustrophobia (fear of closed-in places): Yes No
- e. Trouble smelling odors: Yes No

3. Have you *ever had* any of the following pulmonary or lung problems?

- a. Asbestosis: Yes No
- b. Asthma: Yes No
- c. Chronic bronchitis: Yes No
- d. Emphysema: Yes No
- e. Pneumonia: Yes No
- f. Tuberculosis: Yes No
- g. Silicosis: Yes No
- h. Pneumothorax (collapsed lung): Yes No
- i. Lung cancer: Yes No
- j. Broken ribs: Yes No
- k. Any chest injuries or surgeries: Yes No
- l. Any other lung problem that you've been told about: Yes No

4. Do you *currently* have any of the following symptoms of pulmonary or lung illness?

- a. Shortness of breath: Yes No
- b. Shortness of breath when walking fast on level ground or walking up a slight hill or incline: Yes No
- c. Shortness of breath when walking with other people at an ordinary pace on level ground: Yes No
- d. Have to stop for breath when walking at your own pace on level ground: Yes No
- e. Shortness of breath when washing or dressing yourself: Yes No
- f. Shortness of breath that interferes with your job: Yes No
- g. Coughing that produces phlegm (thick sputum): Yes No
- h. Coughing that wakes you early in the morning: Yes No
- i. Coughing that occurs mostly when you are lying down: Yes No
- j. Coughing up blood in the last month: Yes No
- k. Wheezing: Yes No
- l. Wheezing that interferes with your job: Yes No
- m. Chest pain when you breathe deeply: Yes No
- n. Any other symptoms that you think may be related to lung problems: Yes No

5. Have you *ever had* any of the following cardiovascular or heart problems?

- a. Heart attack: Yes No
- b. Stroke: Yes No
- c. Angina: Yes No
- d. Heart failure: Yes No
- e. Swelling in your legs or feet (not caused by walking): Yes No

f. Heart arrhythmia (heart beating irregularly): Yes No

g. High blood pressure: Yes No

h. Any other heart problem that you've been told about: Yes No

6. Have you *ever had* any of the following cardiovascular or heart symptoms?

a. Frequent pain or tightness in your chest: Yes No

b. Pain or tightness in your chest during physical activity: Yes No

c. Pain or tightness in your chest that interferes with your job: Yes No

d. In the past two years, have you noticed your heart skipping or missing a beat: Yes No

e. Heartburn or indigestion that is not related to eating: Yes No

d. Any other symptoms that you think may be related to heart or circulation problems: Yes No

7. Do you *currently* take medication for any of the following problems?

a. Breathing or lung problems: Yes No

b. Heart trouble: Yes No

c. Blood pressure: Yes No

d. Seizures: Yes No

8. If you've used a respirator, have you *ever had* any of the following problems? (If you've never used a respirator, check the following space and go to question 9:)

a. Eye irritation: Yes No

b. Skin allergies or rashes: Yes No

c. Anxiety: Yes No

d. General weakness or fatigue: Yes No

e. Any other problem that interferes with your use of a respirator: Yes No

9. Would you like to talk to the health care professional who will review this questionnaire about your answers to this questionnaire: Yes No

Questions 10 to 15 below must be answered by every employee who has been selected to use either a full-face piece respirator or a self-contained breathing apparatus (SCBA). For employees who have been selected to use other types of respirators, answering these questions is voluntary.

10. Have you *ever lost* vision in either eye (temporarily or permanently): Yes No

11. Do you *currently* have any of the following vision problems?

- a. Wear contact lenses: Yes No
- b. Wear glasses: Yes No
- c. Color blind: Yes No
- d. Any other eye or vision problem: Yes No

12. Have you *ever had* an injury to your ears, including a broken ear drum: Yes No

13. Do you *currently* have any of the following hearing problems?

- a. Difficulty hearing: Yes/No
- b. Wear a hearing aid: Yes/No
- c. Any other hearing or ear problem: Yes/No

14. Have you *ever had* a back injury: Yes No

15. Do you *currently* have any of the following musculoskeletal problems?

- a. Weakness in any of your arms, hands, legs, or feet: Yes/No
- b. Back pain: Yes/No
- c. Difficulty fully moving your arms and legs: Yes/No
- d. Pain or stiffness when you lean forward or backward at the waist: Yes/No
- e. Difficulty fully moving your head up or down: Yes/No
- f. Difficulty fully moving your head side to side: Yes/No
- g. Difficulty bending at your knees: Yes/No

h. Difficulty squatting to the ground: Yes/No

i. Climbing a flight of stairs or a ladder carrying more than 25 lbs: Yes/No

j. Any other muscle or skeletal problem that interferes with using a respirator: Yes/No

Part B Any of the following questions, and other questions not listed, may be added to the questionnaire at the discretion of the health care professional who will review the questionnaire.

1. In your present job, are you working at high altitudes (over 5,000 feet) or in a place that has lower than normal amounts of oxygen: Yes No

If "yes," do you have feelings of dizziness, shortness of breath, pounding in your chest, or other symptoms when you're working under these conditions: Yes No

2. At work or at home, have you ever been exposed to hazardous solvents, hazardous airborne chemicals (e.g., gases, fumes, or dust), or have you come into skin contact with hazardous chemicals: Yes No

If "yes," name the chemicals if you know them: _____

3. Have you ever worked with any of the materials, or under any of the conditions, listed below:

a. Asbestos: Yes No

b. Silica (e.g., in sandblasting): Yes No

c. Tungsten/cobalt (e.g., grinding or welding this material): Yes No

d. Beryllium: Yes No

e. Aluminum: Yes No

f. Coal (for example, mining): Yes No

g. Iron: Yes No

h. Tin: Yes No

i. Dusty environments: Yes No

j. Any other hazardous exposures: Yes No

If "yes," describe these exposures: _____

4. List any second jobs or side businesses you have: _____

5. List your previous occupations: _____

6. List your current and previous hobbies: _____

7. Have you been in the military services? Yes No

If "yes," were you exposed to biological or chemical agents (either in training or combat):

Yes No

8. Have you ever worked on a HAZMAT team? Yes No

9. Other than medications for breathing and lung problems, heart trouble, blood pressure, and seizures mentioned earlier in this questionnaire, are you taking any other medications for any reason (including over-the-counter medications): Yes No

If "yes," name the medications if you know them: _____

10. Will you be using any of the following items with your respirator(s)?

a. HEPA Filters: Yes No

b. Canisters (for example, gas masks): Yes No

c. Cartridges: Yes No

11. How often are you expected to use the respirator(s) (circle "yes" or "no" for all answers that apply to you)?:

a. Escape only (no rescue): Yes No

b. Emergency rescue only: Yes No

c. Less than 5 hours *per week*: Yes No

d. Less than 2 hours *per day*: Yes No

e. 2 to 4 hours per day: Yes No

f. Over 4 hours per day: Yes No

12. During the period you are using the respirator(s), is your work effort:

a. *Light* (less than 200 kcal per hour): Yes No

If "yes," how long does this period last during the average shift: _____hrs._____mins.

Examples of a light work effort are *sitting* while writing, typing, drafting, or performing light assembly work; or *standing* while operating a drill press (1-3 lbs.) or controlling machines.

b. *Moderate* (200 to 350 kcal per hour): Yes No

If "yes," how long does this period last during the average shift: _____hrs._____mins.

Examples of moderate work effort are *sitting* while nailing or filing; *driving* a truck or bus in urban traffic; *standing* while drilling, nailing, performing assembly work, or transferring a moderate load (about 35 lbs.) at trunk level; *walking* on a level surface about 2 mph or down a 5-degree grade about 3 mph; or *pushing* a wheelbarrow with a heavy load (about 100 lbs.) on a level surface. c. *Heavy* (above 350 kcal per hour): Yes No

If "yes," how long does this period last during the average shift: _____hrs._____mins.

Examples of heavy work are *lifting* a heavy load (about 50 lbs.) from the floor to your waist or shoulder; working on a loading dock; *shoveling*; *standing* while bricklaying or chipping castings; *walking* up an 8-degree grade about 2 mph; climbing stairs with a heavy load (about 50 lbs.).

13. Will you be wearing protective clothing and/or equipment (other than the respirator) when you're using your respirator: Yes No

If "yes," describe this protective clothing and/or equipment: _____

14. Will you be working under hot conditions (temperature exceeding 77 deg. F): Yes No

15. Will you be working under humid conditions: Yes No

16. Describe the work you'll be doing while you're using your respirator(s):

17. Describe any special or hazardous conditions you might encounter when you're using your respirator(s) (for example, confined spaces, life-threatening gases):

18. Provide the following information, if you know it, for each toxic substance that you'll be exposed to when you're using your respirator(s):

Name of the first toxic substance: _____

Estimated maximum exposure level per shift: _____

Duration of exposure per shift: _____

Name of the second toxic substance: _____

Estimated maximum exposure level per shift: _____

Duration of exposure per shift: _____

Name of the third toxic substance: _____

Estimated maximum exposure level per shift: _____

Duration of exposure per shift: _____

The name of any other toxic substances that you'll be exposed to while using your respirator:

19. Describe any special responsibilities you'll have while using your respirator(s) that may affect the safety and well-being of others (for example, rescue, security):
