

The following checklist is a guide. It may be used in its entirety or be modified to the specific user's needs by adding or subtracting items from the checklist. For questions concerning any item, contact the Office of Environmental Health and Safety.

(34) PERSONAL PROTECTIVE EQUIPMENT & CLOTHING

Name: _____ Date : _____

Location of Inspection: _____

1. Are protective goggles or face shields provided and worn where there is any danger of flying particles or corrosive materials?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments: _____ _____ _____
2. Are approved safety glasses required to be worn at all times in areas where there is a risk of eye injuries such as punctures, abrasions, contusions or burns?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments: _____ _____ _____
3. Are employees who need corrective lenses (glasses or contacts lenses) in working environments with harmful exposures, required to wear only approved safety glasses, protective goggles, or use other medically approved precautionary procedures?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments: _____ _____ _____ _____
4. Are protective gloves, aprons, shields, or other means provided against cuts, corrosive liquids and chemicals?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments: _____ _____
5. Are hard hats provided and worn where danger of falling objects exists?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments: _____ _____
6. Are hard hats inspected periodically for damage to the shell and suspension system?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments: _____ _____

<p>7. Is appropriate foot protection required where there is the risk of foot injuries from hot, corrosive, poisonous substances, falling objects, crushing or penetrating actions?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Comments: _____ _____ _____</p>
<p>8. Are approved respirators provided for regular or emergency use where needed?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Comments: _____ _____</p>
<p>9. Is all protective equipment maintained in a sanitary condition and ready for use?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Comments: _____ _____</p>
<p>10. Do you have eye wash facilities and a quick drench shower within the work area where employees are exposed to injurious corrosive materials?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Comments: _____ _____</p>
<p>11. Where special equipment is needed for electrical workers, is it available?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Comments: _____ _____</p>
<p>12. When lunches are eaten on the premises, are they eaten in areas where there is no exposure to toxic materials or other health hazards?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Comments: _____ _____</p>
<p>13. Is protection against the effects of occupational noise exposure provided when sound levels exceed those of the Cal/OSHA noise standard?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Comments: _____ _____</p>