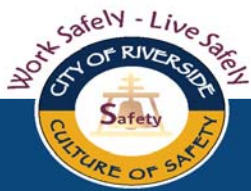




PPE Program & SDS Database

Presented by: Charles McDonald – Safety Officer

The City of Riverside **Culture of Safety**



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Agenda

- What is Personal Protective Equipment?
- CAL/OSHA Compliance & Fines
- PPE Program
- PPE Walk-Through/Hazard Survey
- PPE Hazard Survey Certification
- PPE Certification Training Record
- Safety Data Sheet Database (Velocity)



2

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What is Personal Protective Equipment?



3

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CAL/OSHA Compliance & Fines

T8 CCR 3380

- The employer shall assure that the employee is instructed and uses protective equipment in accordance with the manufacturer's instructions.
- Failure to comply could result in a weak PPE Program, which could cause injuries to occur.
- Serious (Injuries) Hazard fines start at \$18,000
- General (Injuries) Hazard fines start at \$200-\$18,000



4

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PPE Program

- CAL/OSHA PPE Program shall include the following elements:
 - ❖ PPE Walk-Through Survey
 - ❖ PPE Hazard Certification
 - ❖ Training
 - ❖ PPE Certification Training Record



5

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PPE Walk-Through Hazard Survey

T8 CCR 3380 (F)(1)

- (1) The employer shall assess the workplace to determine if hazards are present, or are likely to be present, which necessitate the use of personal protective equipment (PPE). If such hazards are present, or likely to be present, the employer shall:
 - *Document outlines on next page*



6

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PPE Walk-Through Survey



Personal Protective Equipment Walk-Through Survey

Department/Division: _____ Location Name/Address: _____
 Surveyor Name: _____ Survey Completion Date: _____

Purpose: To identify sources of hazards to workers and co-workers and provide information needed to select the appropriate Personal Protective Equipment (PPE).

Scope: Hazard categories including impact, penetration, compression (rollover), chemical, heat, harmful dust, material handling, wet conditions, light (optical) radiation, and any other hazards (such as electrical and noise).

Item No.	Observed For	Department Findings & Comments	PPE Required
A	Sources of motion, machinery or processes where any movement of tools, machine elements, or particles could exist; or movement of personnel that could result in collision with stationary objects		
B	Sources of high and low temperatures that could result in burns, eye injury, ignition of protective equipment, etc.		
C	Sources of chemical exposure		
D	Sources of harmful dust		
E	Sources of light radiation (e.g., welding, brazing, cutting, furnaces, heat treating, high-intensity lights, infrared, etc.)		
F	Sources of falling objects or potential for dropping objects		



Personal Protective Equipment Walk-Through Survey

Item No.	Observed For	Department Findings & Comments	PPE Required
G	Sources of sharp objects that might pierce the feet or cut the hands		
H	Sources of rolling or pinching objects that could crush the feet.		
I	Layout of workplace and location of co-workers		
J	Electrical hazards		
K	Compression Hazards		
L	Impact Hazards		
M	Pinch points		
N	Water		
O	Sources of potential electric arc flash.		
P	Sources of potential flash fires		
Q	Asphyxiation hazard		
R	Fall Hazard		

This site will be reassessed if an operational change occurs or a new hazard is introduced.

7

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PPE Hazard Survey Certification

T8 CCR 3380 (F)(2)

- (2) The employer shall verify that the required workplace hazard assessment has been performed through a written certification that identifies the workplace evaluated; the person certifying that the evaluation has been performed; the date(s) of the hazard assessment; and, which identifies the document as a certification of hazard assessment.



8

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PPE Hazard Survey Certification



Personal Protective Equipment Hazard Survey Certification

The Personal Protective Equipment Hazard Survey is a required component of the complete personal protective equipment (PPE) program. The survey provides information to select the appropriate PPE for the hazards present or likely to be present at a workplace. PPE alone should not be relied on to provide protection against hazards, but should be used in conjunction with training, guards, engineering controls, and sound manufacturing practices.

29 CFR 1910 Subpart I, Appendix B: The employer is responsible for both the quality of the hazard assessment and for the PPE selected.

Department/Division Name:

Street/Road:

City:

Date of Hazard Survey:

Surveyed By:

I certify that I have evaluated this location pursuant to OSHA 29 CFR 1910.132(d)(2) for hazards to personnel and determined that there is appropriate PPE available to provide protection from injury to personnel.

Signature (Surveyor):

**Note: Recertify if any changes to PPE requirements are introduced.*

9



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PPE Certification Training Record

T8 CCR 3380 (F)(7)


- (7) The employer shall verify that each affected employee has received and understood the required training through a written certification that contains the name of each employee trained, the date(s) of training, and that identifies the subject of the certification.

10



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PPE Certification Training Record



Personal Protective Equipment (PPE) Certification Training Record

Department/Division _____ Trainer Name: _____
Employee Name _____ Training Completion Date: _____

Purpose: Pursuant to OSHA 29 CFR 1910.132(f), employees shall be trained on the selection and use of PPE upon hire or change in duties.

Eye and Face Protection - ANSI Z87.1 (check all that apply)

Spectacles (non-wire frames) <input type="checkbox"/>	Sideshields <input type="checkbox"/>
Spectacles (wire frames) <input type="checkbox"/>	Particle Goggles <input type="checkbox"/>
Chemical Splash Goggles <input type="checkbox"/>	Faceshield <input type="checkbox"/>
Shaded Welding Goggles <input type="checkbox"/>	Shaded Welding Faceshield <input type="checkbox"/>

Other (specify) _____

Head Protection - ANSI Z89.1 (check all that apply)

Hardhats, Type I, Class E (Tested to 20,000 volts) ☐

Hardhats, Type I, Class G (Tested to 2200 volts) ☐

Hardhats, Type I, Class C (Provides lightweight impact protection but no electrical protection) ☐

Bump Caps (provide minimal protection and do not meet ANSI standards) ☐

Other (specify) _____

Hearing Protection - 29 CFR 1910.95 (check all that apply)


Single-use earplugs ☐

Pre-formed or molded earplugs ☐

Earmuffs (Must wear to manufacturer's requirements) ☐

Other (specify) _____

PPE Training Certification Issued: 9/29/2017 Page 1 of 3



Personal Protective Equipment (PPE) Certification Training Record

Foot Protection - ANSI Z41 (check all that apply)

Impact and Compression Protection <input type="checkbox"/>	Oil & Chemical Resistant Soles <input type="checkbox"/>
Lace-up Ankle Support <input type="checkbox"/>	Static Dissipating <input type="checkbox"/>
Puncture Protection <input type="checkbox"/>	Metatarsal Protection <input type="checkbox"/>
Electrical Conductive <input type="checkbox"/>	Electrical Insulating <input type="checkbox"/>

Soles: Rubber ☐ Canvas ☐ Polyurethane ☐ Lug style ☐

Other (specify) _____

Hand Protection ANSI/ISEA 105-2016 (check all that apply)

Gloves for Cuts and Abrasions

Cotton ☐ Canvas ☐ Leather ☐ Kevlar® ☐ Nitrile ☐

Other (specify) _____

Gloves for Burns

Welders ☐ Kevlar ☐ Zetex ☐

Other (specify) _____


Gloves for Chemical Exposure

Latex ☐ Nitrile ☐ Neoprene ☐ Butyl ☐

Polyvinyl Alcohol ☐ Polyvinyl Chloride ☐ Viton® ☐

Other (specify) _____

PPE Training Certification Issued: 9/29/2017 Page 2 of 3



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11

PPE Certification Training Record (Cont.)



Personal Protective Equipment (PPE) Certification Training Record

Aprons

Denim ☐ Leather ☐ Neoprene Coated ☐

Polyethylene ☐ Rubber Coated ☐

Other (specify) _____

Coveralls, Suits, Jackets, Vests

Chemrel Suit <input type="checkbox"/>	Cool Vest <input type="checkbox"/>
Nomex® Coveralls <input type="checkbox"/>	Leather Welding Jacket <input type="checkbox"/>
Saranex-Coated Tyvek® Suit <input type="checkbox"/>	Polyethylene-Coated Tyvek Suit <input type="checkbox"/>
Tyvek (Olefin) Suit <input type="checkbox"/>	Kleenguard® (Polypropylene) Suit <input type="checkbox"/>
PVC Raingear <input type="checkbox"/>	Aluminized Carbon/Kevlar Suit/Jacket <input type="checkbox"/>
Rubber Raingear <input type="checkbox"/>	Aluminized Rayon Suit/Jacket <input type="checkbox"/>

Other (specify) _____

Boots

Rubber Overboots ☐ Dielectric Rubber Overboots ☐

Neoprene Overboots ☐ Rubber Overboots/Steel Toe ☐

Other (specify) _____

I certify that, pursuant to OSHA 29 CFR 1910.132(f), the above named employee has demonstrated an understanding of when PPE is necessary, what PPE if necessary, how to don, doff, adjust, and wear PPE, the limitations of the PPE checked above, and the proper care, maintenance, useful life, and disposal of PPE.

Signature (Trainer) _____

Signature (Trainee) _____

PPE Training Certification Issued: 9/29/2017 Page 3 of 3



Personal Protective Equipment (PPE) Certification Training Record

Aprons

Denim ☐ Leather ☐ Neoprene Coated ☐

Polyethylene ☐ Rubber Coated ☐

Other (specify) _____

Coveralls, Suits, Jackets, Vests

Chemrel Suit <input type="checkbox"/>	Cool Vest <input type="checkbox"/>
Nomex® Coveralls <input type="checkbox"/>	Leather Welding Jacket <input type="checkbox"/>
Saranex-Coated Tyvek® Suit <input type="checkbox"/>	Polyethylene-Coated Tyvek Suit <input type="checkbox"/>
Tyvek (Olefin) Suit <input type="checkbox"/>	Kleenguard® (Polypropylene) Suit <input type="checkbox"/>
PVC Raingear <input type="checkbox"/>	Aluminized Carbon/Kevlar Suit/Jacket <input type="checkbox"/>
Rubber Raingear <input type="checkbox"/>	Aluminized Rayon Suit/Jacket <input type="checkbox"/>

Other (specify) _____

Boots

Rubber Overboots ☐ Dielectric Rubber Overboots ☐

Neoprene Overboots ☐ Rubber Overboots/Steel Toe ☐

Other (specify) _____

I certify that, pursuant to OSHA 29 CFR 1910.132(f), the above named employee has demonstrated an understanding of when PPE is necessary, what PPE if necessary, how to don, doff, adjust, and wear PPE, the limitations of the PPE checked above, and the proper care, maintenance, useful life, and disposal of PPE.

Signature (Trainer) _____

Signature (Trainee) _____

PPE Training Certification Issued: 9/29/2017 Page 3 of 3



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12

Safety Data Sheet Database

- Safety Data Sheets** are an essential component of the GHS and are intended to provide comprehensive information about a substance or mixture for use in workplace chemical management (Any and All Chemicals)

Windex™ OUTDOOR ALL-IN-ONE GLASS CLEANING TOOL

Version 1.0 | Product Code 00000001

1. PRODUCT AND COMPANY IDENTIFICATION

Product name: Windex™ OUTDOOR ALL-IN-ONE GLASS CLEANING TOOL

Manufacturer: S.C. Johnson & Son, Inc.

Address: 1000 North Street, Racine, WI 53405-0001

Emergency phone: 800-441-4444

2. HAZARD IDENTIFICATION

Classification of the substance or mixture: Not classified

Labeling: Not applicable

3. COMPOSITION INFORMATION ON INGREDIENTS

13



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MSDS vs. SDS

MSDS VS. SDS?

Huge MSDS Churn

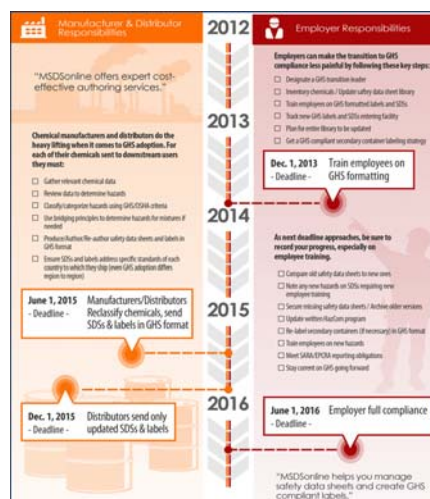
- Estimated 1.4 million MSDSs will be converted to new SDS format
- Employers Need to Manage & Update their MSDS Libraries

Secondary Container Label Updates

- Must Address New Hazard Classifications

What It Means For You?

- Ultimately GHS means more time and resources will be spent in order to stay compliant with the new regulations ([OSHA](#)).



14



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Fines & Penalties

- HazCom is #2 on OSHA's Top 10 list of most frequently cited compliance standards, and has been since 2012.
 - Over 47,000 citations have been issued since 2009 (Source: OSHA)
- Over 5,600 HazCom citations were issued in 2016 alone (Source: Safety+Health)
- OSHA fines were increased by nearly 80% in 2016, and will now be updated yearly to adjust for inflation



15

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What Does Velocity Provide?

- | | |
|--|---------------------------------|
| • Updating/Archiving/GHS | • Chemical Inventory Tracking |
| • Searchable Database | • Labeling |
| • Meet OSHA Requirements | • Back-Ups |
| • Employee Access to (M)SDSs | • Chemical Approval Process |
| • Environmental and Regulatory Reporting | • Location Specific Inventories |



16

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Current Customers/Government



17

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18

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