

DEPARTMENT: Heating, Air Conditioning & Plumbing

**SOUTHERN MAINE COMMUNITY COLLEGE
PPE JOB HAZARD ASSESSMENT**

WORK AREA(S): HEATING, AC AND PLUMBING SHOPS

JOB/TASK(S): BOILER, AC AND PLUMBING INSTRUCTION

Job Hazard Analysis to determine personal protective equipment by task. This document meets the requirements of 1910.132(d)(2)

APPROVED BY: KADNAR REVIEWED _____

DATE: 4-24-24



EYES		
Work activities, such as: <input type="checkbox"/> abrasive blasting <input checked="" type="checkbox"/> drilling <input type="checkbox"/> sanding <input checked="" type="checkbox"/> hammering <input type="checkbox"/> chopping <input type="checkbox"/> chipping <input checked="" type="checkbox"/> sawing <input checked="" type="checkbox"/> using computers <input checked="" type="checkbox"/> cutting <input type="checkbox"/> other: <input type="checkbox"/> cooking _____ <input checked="" type="checkbox"/> grinding _____ <input type="checkbox"/> mixing <input type="checkbox"/> none of the above <input type="checkbox"/> pouring	LIKELY work-related hazards: <input checked="" type="checkbox"/> airborne dust <input type="checkbox"/> glare <input checked="" type="checkbox"/> dirt <input type="checkbox"/> high intensity light <input checked="" type="checkbox"/> flying particles/objects <input checked="" type="checkbox"/> hot sparks <input checked="" type="checkbox"/> eye strain <input type="checkbox"/> blood and body fluids <input type="checkbox"/> other: <input type="checkbox"/> chemical mists _____ <input type="checkbox"/> grease splatter _____ <input type="checkbox"/> chemical splashes <input type="checkbox"/> none of the above	Is PPE Required? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not applicable <input type="checkbox"/> If yes, use: For what tasks? <input checked="" type="checkbox"/> Safety glasses with side shields All work involving cutting, drilling or brazing <input type="checkbox"/> Safety goggles _____ <input type="checkbox"/> Face shield _____ <input type="checkbox"/> Welding shield _____ <input type="checkbox"/> Other: _____
HEAD AND FACE		
Work activities, such as: <input checked="" type="checkbox"/> cleaning <input type="checkbox"/> pouring <input type="checkbox"/> painting <input type="checkbox"/> mixing <input checked="" type="checkbox"/> working with heavy objects <input type="checkbox"/> other: <input type="checkbox"/> cooking _____ <input type="checkbox"/> work in extreme cold or heat <input type="checkbox"/> none of the above <input type="checkbox"/> work with heavy equipment	LIKELY work-related hazards: <input type="checkbox"/> chemical mists <input type="checkbox"/> live hoses and cables <input type="checkbox"/> chemical splashes <input checked="" type="checkbox"/> flying particles or objects <input checked="" type="checkbox"/> dropped objects <input checked="" type="checkbox"/> hot sparks <input type="checkbox"/> blood and body fluids <input type="checkbox"/> burns <input type="checkbox"/> other: <input type="checkbox"/> extreme heat _____ <input type="checkbox"/> extreme cold _____ <input type="checkbox"/> grease splatter <input type="checkbox"/> none of the above	Is PPE Required? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not applicable <input type="checkbox"/> If yes, use: For what tasks? <input type="checkbox"/> Face shield _____ <input type="checkbox"/> Welding shield _____ <input type="checkbox"/> Head protection: _____ <input type="checkbox"/> Warm head gear _____ <input type="checkbox"/> Other: _____
HANDS AND ARMS		

Work activities, such as: <input checked="" type="checkbox"/> material handling <input checked="" type="checkbox"/> sanding <input checked="" type="checkbox"/> grinding <input checked="" type="checkbox"/> sawing <input checked="" type="checkbox"/> cutting <input type="checkbox"/> chopping <input checked="" type="checkbox"/> hammering <input type="checkbox"/> cooking <input checked="" type="checkbox"/> working with heavy objects <input checked="" type="checkbox"/> working with electricity <input type="checkbox"/> work with heavy equipment <input type="checkbox"/> working with glass <input checked="" type="checkbox"/> using power tools <input checked="" type="checkbox"/> using computers <input type="checkbox"/> using knives <input type="checkbox"/> work in extreme cold or heat <input checked="" type="checkbox"/> lifting <input type="checkbox"/> pouring <input type="checkbox"/> mixing <input type="checkbox"/> other: <input type="checkbox"/> none of the above	LIKELY work-related hazards: <input type="checkbox"/> blood <input type="checkbox"/> chemical splashes <input type="checkbox"/> tools or materials that could scrape, bruise, or cut <input type="checkbox"/> extreme heat <input type="checkbox"/> extreme cold <input type="checkbox"/> grease splatter <input type="checkbox"/> animal bites <input type="checkbox"/> crushing <input type="checkbox"/> live hoses and cables <input checked="" type="checkbox"/> dropped objects <input checked="" type="checkbox"/> electric shock <input type="checkbox"/> vibration <input checked="" type="checkbox"/> musculoskeletal disorders <input type="checkbox"/> sharps injury <input type="checkbox"/> burns <input type="checkbox"/> other: <input type="checkbox"/> none of the above	Is PPE Required? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not applicable <input type="checkbox"/> If yes, use: <input type="checkbox"/> Gloves <input type="checkbox"/> Liquid/leak resistance <input type="checkbox"/> Cold resistance <input type="checkbox"/> Heat resistance <input type="checkbox"/> Abrasion/cut resistance <input type="checkbox"/> Slip resistance <input type="checkbox"/> Protective sleeves <input type="checkbox"/> Other: For what tasks?
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FEET AND LEGS

Work activities, such as: <input type="checkbox"/> use of corrosives <input type="checkbox"/> use of flammable materials <input checked="" type="checkbox"/> working with heavy objects <input type="checkbox"/> working around blood <input type="checkbox"/> work in extreme cold or heat <input checked="" type="checkbox"/> cutting <input checked="" type="checkbox"/> sawing <input type="checkbox"/> work with heavy equipment <input type="checkbox"/> working with live hoses <input checked="" type="checkbox"/> Using sharp objects or tools <input checked="" type="checkbox"/> slippery surfaces <input checked="" type="checkbox"/> working with electricity <input checked="" type="checkbox"/> lifting <input type="checkbox"/> other: <input type="checkbox"/> none of the above	LIKELY work-related hazards: <input type="checkbox"/> chemical splashes <input checked="" type="checkbox"/> crushing <input type="checkbox"/> blood <input checked="" type="checkbox"/> tools or materials that could scrape, bruise, or cut <input type="checkbox"/> extreme heat <input type="checkbox"/> extreme cold <input checked="" type="checkbox"/> dropped objects <input type="checkbox"/> live hoses and cables <input checked="" type="checkbox"/> electric shock <input type="checkbox"/> animal bites <input type="checkbox"/> other: <input type="checkbox"/> none of the above	Is PPE Required? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not applicable <input type="checkbox"/> If yes, use: <input checked="" type="checkbox"/> Safety shoes or boots <input checked="" type="checkbox"/> Toe protection <input type="checkbox"/> Electrical protection <input type="checkbox"/> Heat/cold protection <input type="checkbox"/> Puncture resistance <input type="checkbox"/> Anti-slip soles <input type="checkbox"/> Warm socks & clothing <input type="checkbox"/> Other: For what tasks? All
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BODY

Work activities, such as: <input type="checkbox"/> use of corrosives <input checked="" type="checkbox"/> use of flammable materials <input checked="" type="checkbox"/> slippery surfaces <input checked="" type="checkbox"/> working with electricity	LIKELY work-related hazards: <input type="checkbox"/> chemical splashes <input type="checkbox"/> chemical penetration <input checked="" type="checkbox"/> electric shock <input type="checkbox"/> irritating chemicals	Is PPE Required? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not applicable <input type="checkbox"/> If yes, use: For what tasks?
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working with heavy objects work in extreme cold or heat using sharp objects or tools working with live hoses	work w/heavy equipment lifting other: _____ _____ none of the above	extreme heat extreme cold animal bites tools or materials that could scrape, bruise, or cut	musculoskeletal disorders other: _____ _____ none of the above	Vest, Jacket Flame resistant clothing Coveralls, Body suit Raingear Apron Other: _____	_____ _____ _____ _____ _____
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LUNGS/RESPIRATORY

Work activities, such as: <input type="checkbox"/> cleaning <input type="checkbox"/> pouring <input type="checkbox"/> mixing <input checked="" type="checkbox"/> working with gas or compressed air <input type="checkbox"/> sawing	<input checked="" type="checkbox"/> grinding/sanding <input type="checkbox"/> confined space work other: _____ _____ <input type="checkbox"/> none of the above	LIKELY work-related hazards: <input checked="" type="checkbox"/> dust or particulate <input type="checkbox"/> toxic gas/vapor <input type="checkbox"/> chemical irritants <input type="checkbox"/> pesticides <input type="checkbox"/> organic vapors <input type="checkbox"/> oxygen deficient environment	<input type="checkbox"/> extreme heat <input type="checkbox"/> extreme cold <input type="checkbox"/> other: _____ _____ <input type="checkbox"/> none of the above	Is PPE Required? Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable <input type="checkbox"/> If yes, use: <input checked="" type="checkbox"/> Dust mask <input type="checkbox"/> N 95 mask <input type="checkbox"/> Air purifying respirator <input type="checkbox"/> Half faced Cartridge: _____ <input type="checkbox"/> Full faced <input type="checkbox"/> With hood <input type="checkbox"/> SCBA <input type="checkbox"/> Warm full-face (ski) mask <input type="checkbox"/> Other: _____	For what tasks? Optional when working in dusty locations _____ _____ _____ _____ _____ _____
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EARS/HEARING

Work activities, such as: <input checked="" type="checkbox"/> generator <input type="checkbox"/> grinding <input checked="" type="checkbox"/> fans and motors <input type="checkbox"/> machining <input checked="" type="checkbox"/> power tools <input type="checkbox"/> mower/trimmer	<input type="checkbox"/> pneumatic equipment other: _____ _____ <input type="checkbox"/> none of the above	LIKELY work-related hazards: <input checked="" type="checkbox"/> loud noises <input type="checkbox"/> loud work environment <input checked="" type="checkbox"/> noisy machines/tools	<input type="checkbox"/> punch or brake presses <input type="checkbox"/> other: _____ _____ <input type="checkbox"/> none of the above	Is PPE Required? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not applicable <input type="checkbox"/> If yes, use: <input checked="" type="checkbox"/> ear muffs <input checked="" type="checkbox"/> ear plugs <input type="checkbox"/> Other: _____	For what tasks? All tasks for which noise level exceeds 85 db All tasks for which noise level exceeds 85 db _____ _____
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