

# PPE / HAZARD COMMUNICATION TRAINING FOR PUBLICATIONS

## USE & CARE OF PERSONAL PROTECTIVE EQUIPMENT -

Publications personnel shall receive training & assignment of personal protective equipment. Training consists of hands-on instruction from the supervisor, previous training provided:

**Hearing-** Ear Plugs

**Eye Protection** - Splash Proof Eye ware

**Hand/ Skin Protection**

- Rubber Gloves- Vinyl Apron

Employees must wear the proper personal protective equipment when entering a location or Exposing them to a hazard that requires it.

## HAZARD COMMUNICATION/ASSESSMENT

Chemicals in Publications

Updated MSDS sheets on Chemicals

How to read MSDS sheets

### Employee Responsibilities:

Publications' personnel shall use the personal protective equipment provided as instructed in the hazard assessment and through training.

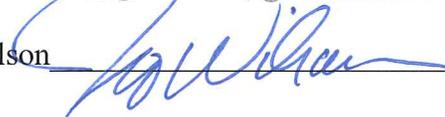
David Bullock



Date;

1/18/18

Jeff Wilson



Date:

1/18/18

## WORKPLACE HAZARD ASSESSMENT

I am reviewing (check the appropriate box):	<input type="checkbox"/> A worksite	Specify location: Publications Unit / Labor Building
	<input checked="" type="checkbox"/> A single employee's job description	Name of employee: Jeff Wilson
		Working title of position: Graphic Artist
		Position Number: 01017130
	<input type="checkbox"/> A job description for a class of employees	Working title of positions: Graphic Artist
		Position Number(s):

Your Name: Mike Daniels	Department: NC Dept of Labor	Date: 01-18-18
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	<b>EYE HAZARDS:</b> Tasks that can cause eye injury include: working with chemicals or acids; chipping, sanding, or grinding; welding; furnace operations; and metal and wood working.			
	Check the appropriate box for each hazard:		Description of hazard(s):	Based upon the hazard assessment, the following PPE is required:
	Chemical Exposure	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	when changing toner in copier, toner dust, may disperse in air  Follow MSDS sheets on chemicals  Splash Proof Safety Goggles provided, <b>not required</b>
	High Heat/Cold	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	
	Dust/Flying Debris	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	
	Impact	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	
	Light/Radiation	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	

	<b>HEAD HAZARDS:</b> Tasks that can cause head injury include: working below other workers who are using tools or materials that could fall; working on energized electrical equipment or utilities; and, working in trenches or confined spaces.			
	Check the appropriate box for each hazard:		Description of hazard(s):	Based upon the hazard assessment, the following PPE is required:
	Impact	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	
Electrical Shock	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>		

	<b>FOOT HAZARDS:</b> Tasks that can cause foot injury include: exposure to chemicals or acids; welding or cutting; foundry operations; materials handling; renovation or construction; electrical work; and, spray finishing or other work with flammable or explosive materials.		
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	<p>Check the appropriate box for each hazard:</p> <table border="1"> <tr> <td data-bbox="316 184 570 289">Chemical Exposure</td> <td data-bbox="570 184 643 289">Yes <input type="checkbox"/></td> <td data-bbox="643 184 704 289">No <input checked="" type="checkbox"/></td> </tr> <tr> <td data-bbox="316 289 570 394">High/Heat Cold</td> <td data-bbox="570 289 643 394">Yes <input type="checkbox"/></td> <td data-bbox="643 289 704 394">No <input checked="" type="checkbox"/></td> </tr> <tr> <td data-bbox="316 394 570 499">Impact/Compression</td> <td data-bbox="570 394 643 499">Yes <input type="checkbox"/></td> <td data-bbox="643 394 704 499">No <input checked="" type="checkbox"/></td> </tr> <tr> <td data-bbox="316 499 570 604">Slips/Trips</td> <td data-bbox="570 499 643 604">Yes <input type="checkbox"/></td> <td data-bbox="643 499 704 604">No <input checked="" type="checkbox"/></td> </tr> <tr> <td data-bbox="316 604 570 709">Puncture</td> <td data-bbox="570 604 643 709">Yes <input type="checkbox"/></td> <td data-bbox="643 604 704 709">No <input checked="" type="checkbox"/></td> </tr> <tr> <td data-bbox="316 709 570 814">Slippery/Wet Surfaces</td> <td data-bbox="570 709 643 814">Yes <input type="checkbox"/></td> <td data-bbox="643 709 704 814">No <input checked="" type="checkbox"/></td> </tr> <tr> <td data-bbox="316 814 570 919">Explosive/Flammable Atmospheres</td> <td data-bbox="570 814 643 919">Yes <input type="checkbox"/></td> <td data-bbox="643 814 704 919">No <input checked="" type="checkbox"/></td> </tr> <tr> <td data-bbox="316 919 570 997">Electrical</td> <td data-bbox="570 919 643 997">Yes <input type="checkbox"/></td> <td data-bbox="643 919 704 997">No <input checked="" type="checkbox"/></td> </tr> </table>	Chemical Exposure	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	High/Heat Cold	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Impact/Compression	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Slips/Trips	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Puncture	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Slippery/Wet Surfaces	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Explosive/Flammable Atmospheres	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Electrical	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	<p>Description of hazard(s):</p>	<p>Based upon the hazard assessment, the following PPE is required:</p>
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	<p><b>NOISE HAZARDS:</b> Personnel may be exposed to noise hazards when machining, grinding, sanding, using pneumatic equipment, generators, motors, jackhammers, or similar equipment. <b>ADDITIONAL TRAINING/MONITORING IS REQUIRED!</b></p> <p>Check the appropriate box for each hazard:</p> <table border="1"> <tr> <td data-bbox="316 1228 570 1564">Noise hazard</td> <td data-bbox="570 1228 643 1564">Yes <input checked="" type="checkbox"/></td> <td data-bbox="643 1228 704 1564">No <input type="checkbox"/></td> </tr> </table>	Noise hazard	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	<p>Description of hazard(s):</p> <p>Noise from machine running only when entering print shop</p>	<p>Based upon the hazard assessment, the following PPE is required:</p> <p><b>PPE is not required.</b></p> <p>Noise levels are not high enough to require ear plugs.</p> <p>Ear plugs have been provided to the employee to use if feel the need.</p>																					
Noise hazard	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>																									
	<p><b>HAND HAZARDS:</b> Hand injury can be caused by: work with chemicals or acids; exposure to cut or abrasion hazards (for example, during demolition, renovation, or woodworking); and, work with very hot or cold objects or materials.</p> <p><b>BLOODBORNE PATHOGENS – ADDITIONAL TRAINING/MONITORING IS REQUIRED!</b></p> <p>Check the appropriate box for each hazard:</p> <table border="1"> <tr> <td data-bbox="316 1795 570 1900">Chemical Exposure</td> <td data-bbox="570 1795 643 1900">Yes <input checked="" type="checkbox"/></td> <td data-bbox="643 1795 704 1900">No <input type="checkbox"/></td> </tr> </table>	Chemical Exposure	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	<p>Description of hazard(s):</p>	<p>Based upon the hazard assessment, the following PPE is required:</p>																					
Chemical Exposure	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>																									

	High Heat/Cold	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Working with and replacing toner cartridges  Working and mixing with chemicals, <b>if Working</b> in the print shop or darkroom	Follow MSDS sheets on all the chemicals used in the Print Shop and Darkroom  Any condition where a liquid drip, leak, spill, splash, spray, etc. could result in the liquid entering the eyes.  <b>Require items:</b>  <b>Splash Proof Safety Goggles</b>  <b>Cloth or Vinyl Apron</b>  <b>Rubber Gloves</b>
	Cuts/ Abrasions	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>		
	Puncture	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>		
	Electrical Shock	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>		
	Bloodborne Pathogens	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>		

	<b>BODY/TORSO HAZARDS:</b> Injury of the body or torso occur during: exposure to chemicals, acids, or other hazardous materials; abrasive blasting; welding, cutting, brazing; chipping, sanding, or grinding; use of chainsaws or similar equipment; foundry operations; and, work around electrical arcs.				
	<b>Check the appropriate box for each hazard:</b>		<b>Description of hazard(s):</b>	<b>Based upon the hazard assessment, the following PPE is required</b>	
	Chemical Exposure	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Working with and replacing toner cartridges  Working and mixing with chemicals, <b>if Working</b> in the print shop or darkroom	Follow MSDS sheets on chemicals  <b>Cloth or Vinyl Apron are required</b>
	Extreme Heat/Cold	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>		
	Abrasion	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>		
	Impact	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>		
Electrical Arc	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>			
<b>FALL HAZARDS:</b> Personnel may be exposed to fall hazards when performing work on a surface with an unprotected side or edge that is 6 feet or more above a lower level, or 10 feet or more on scaffolds. Fall protection may also be required when using vehicle manlifts, elevated platforms, tree trimming, performing work on poles, roofs, or fixed ladders. <b>ADDITIONAL TRAINING/MONITORING IS REQUIRED!</b>					

	Check the appropriate box for each hazard:		Description of hazard(s):	Based upon the hazard assessment, the following PPE is required	
	Fall Hazard	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>		
	<b>RESPIRATORY HAZARDS:</b> Personnel may be exposed to respiratory hazards that require the use of respirators; when using certain chemicals outside of chemical fume hood; when applying paints or chemicals in confined spaces; when welding, cutting, or brazing on certain metals; and, when disturbing asbestos, lead, silica, or other particulate hazards. <b>ADDITIONAL TRAINING/MONITORING IS REQUIRED!</b>				
	Check the appropriate box for each hazard:		Description of hazard(s):	Based upon the hazard assessment, the following PPE is required	
	Chemical Exposure	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Spray Powder for Ink drying is used while printing presses are running. Powder dust may be in the air. <b>if Working in the Print Shop</b>	Dust Mask Respirator is provided, but <b>not required.</b>  <b>Respirator training is not required</b>
	Confined Space Work	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>		
	Particulate Exposure	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>		
Welding (fumes/dust) and/or related hazard	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>			

**Certification of Job Hazard Assessment:** I certify that a job hazard assessment has been conducted as required under 29 CFR 1910.132(d).

**There were no changes to the Hazard Assessment: No New Chemicals Added: Reviewed with Employee**

Name of Person Conducting Assessment (Please Print): Mike Daniels

Signature of Person Conducting Assessment: \_\_\_\_\_ Date of Certification: 01-18-18

Signature of Person Receiving Assessment: \_\_\_\_\_

Checked Equipment – 01-18-18

**Safety Kit: 3 in 1 - 1-Safety Goggle - 1-Ear Plugs - 1- Dust Mask**

## WORKPLACE HAZARD ASSESSMENT

I am reviewing (check the appropriate box):	<input type="checkbox"/> A worksite	Specify location: Publications Unit / Labor Building		
	<input checked="" type="checkbox"/> A single employee's job description	Name of employee: David Bullock		
		Working title of position: Press Operator III		
	Position Number: 00778640			
<input type="checkbox"/> A job description for a class of employees	Working title of positions: Press Operator			
	Position Number(s):			
Your Name: Mike Daniels		Department: NC Dept of Labor	Date: 01-18-18	
	<b>EYE HAZARDS:</b> Tasks that can cause eye injury include: working with chemicals or acids; chipping, sanding, or grinding; welding; furnace operations; and metal and wood working.			
	Check the appropriate box for each hazard:	Description of hazard(s):	Based upon the hazard assessment, the following PPE is required:	
	Chemical Exposure	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Chemical splash, when pour from one container to another or mixing chemicals	Follow MSDS sheets on chemicals  <b>Splash Proof Safety Goggles required</b>
	High Heat/Cold	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
	Dust/Flying Debris	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
	Impact	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
	Light/Radiation	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
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	Noise hazard	Yes <input type="checkbox"/> X	No <input type="checkbox"/>	Noise from machine running in the print shop	<b>PPE is not required.</b> Noise levels are not high enough to require ear plugs. Ear plugs have been provided to the employee to use if feel the need.
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Fall Hazard	Yes <input type="checkbox"/>	No <input type="checkbox"/> X		

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	disturbing asbestos, lead, silica, or other particulate hazards. <b>ADDITIONAL TRAINING/MONITORING IS REQUIRED!</b>			
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**There were no changes to the Hazard Assessment: No New Chemicals Added: Reviewed with Employee**

**Name of Person Conducting Assessment (Please Print) :** Mike Daniels

**Signature of Person Conducting Assessment:**

**Date of Certification:** 01-18-18

**Signature of Person Receiving Assessment:**



**Checked Equipment – 01-18-18**

**Safety Kit: 3 in 1**

1-Safety Goggle

1-Ear Plugs

1- Dust Mask