

## 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		
	<input type="checkbox"/> A job description for a class of employees	Working title of position: Press Operator III		
	<input type="checkbox"/> A job description for a class of employees	Position Number: 00778640		
Working title of positions: Press Operator		Position Number(s):		
Your Name: Mike Daniels		Department: NC Dept of Labor	Date: 02-20-19	
	<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.			
	<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"/>	Chemical splash, when pour from one container to another or mixing 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"/>		
<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.				
<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>		

	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.				
	<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 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"/>		



**NOISE HAZARDS:** Personnel may be exposed to noise hazards when machining, grinding, sanding, using pneumatic equipment, generators, motors, jackhammers, or similar equipment. **ADDITIONAL TRAINING/MONITORING IS REQUIRED!**

Check the appropriate box for each hazard:		Description of hazard(s):	Based upon the hazard assessment, the following PPE is required:
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.



**HAND HAZARDS:** 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. **BLOODBORNE PATHOGENS – ADDITIONAL TRAINING/MONITORING IS REQUIRED!**

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"/> X No <input type="checkbox"/>	Working and mixing with chemicals in the print shop and 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>
High Heat/Cold	Yes <input type="checkbox"/> No <input type="checkbox"/> X		
Cuts/ Abrasions	Yes <input type="checkbox"/> No <input type="checkbox"/> X		
Puncture	Yes <input type="checkbox"/> No <input type="checkbox"/> X		
Electrical Shock	Yes <input type="checkbox"/> No <input type="checkbox"/> X		
Bloodborne Pathogens	Yes <input type="checkbox"/> No <input type="checkbox"/> X		



**BODY/TORSO HAZARDS:** 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.

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"/> X	No <input type="checkbox"/>	Working and mixing with chemicals 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 type="checkbox"/> X		
Abrasion	Yes <input type="checkbox"/>	No <input type="checkbox"/> X		
Impact	Yes <input type="checkbox"/>	No <input type="checkbox"/> X		
Electrical Arc	Yes <input type="checkbox"/>	No <input type="checkbox"/> X		



**FALL HAZARDS:** 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. **ADDITIONAL TRAINING/MONITORING IS REQUIRED!**

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 type="checkbox"/> X		

**RESPIRATORY HAZARDS:** 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 is in the air.	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:** 02-20-19

**Signature of Person Receiving Assessment:** *Sam Bullback*

**Checked Equipment – 02-20-19**

**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: Jeff Wilson		
		Working title of position: Graphic Artist		
	<input type="checkbox"/> A job description for a class of employees	Position Number: 01017130		
	Working title of positions: Graphic Artist			
	Position Number(s):			
Your Name: Mike Daniels		Department: NC Dept of Labor	Date: 02-20-19	
	<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 type="checkbox"/> <b>X</b>		
	Electrical Shock	Yes <input type="checkbox"/>	No <input type="checkbox"/> <b>X</b>		

**FOOT HAZARDS:** 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.



<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>
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Chemical Exposure	Yes <input type="checkbox"/>	No <input type="checkbox"/> <b>X</b>
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High/Heat Cold	Yes <input type="checkbox"/>	No <input type="checkbox"/> <b>X</b>
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Impact/Compression	Yes <input type="checkbox"/>	No <input type="checkbox"/> <b>X</b>
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Slips/Trips	Yes <input type="checkbox"/>	No <input type="checkbox"/> <b>X</b>
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Puncture	Yes <input type="checkbox"/>	No <input type="checkbox"/> <b>X</b>
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Slippery/Wet Surfaces	Yes <input type="checkbox"/>	No <input type="checkbox"/> <b>X</b>
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Explosive/Flammable Atmospheres	Yes <input type="checkbox"/>	No <input type="checkbox"/> <b>X</b>
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Electrical	Yes <input type="checkbox"/>	No <input type="checkbox"/> <b>X</b>
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**NOISE HAZARDS:** Personnel may be exposed to noise hazards when machining, grinding, sanding, using pneumatic equipment, generators, motors, jackhammers, or similar equipment. **ADDITIONAL TRAINING/MONITORING IS REQUIRED!**

Check the appropriate box for each hazard:			Description of hazard(s):	Based upon the hazard assessment, the following PPE is required:
Noise hazard	Yes <input type="checkbox"/> X	No <input type="checkbox"/>	Noise from machine running only when entering 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.



**HAND HAZARDS:** 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. **BLOODBORNE PATHOGENS – ADDITIONAL TRAINING/MONITORING IS REQUIRED!**

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"/> X	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 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>
High Heat/Cold	Yes <input type="checkbox"/>	No <input type="checkbox"/> X		
Cuts/ Abrasions	Yes <input type="checkbox"/>	No <input type="checkbox"/> X		
Puncture	Yes <input type="checkbox"/>	No <input type="checkbox"/> X		
Electrical Shock	Yes <input type="checkbox"/>	No <input type="checkbox"/> X		

	Bloodborne Pathogens	Yes <input type="checkbox"/>	No <input type="checkbox"/> <b>X</b>		<b>Rubber Gloves</b>
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**BODY/TORSO HAZARDS:** 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.

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"/>	Working with and replacing toner cartridges  Working and mixing with chemicals, if <b>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 type="checkbox"/> <b>X</b>		
Abrasion	Yes <input type="checkbox"/>	No <input type="checkbox"/> <b>X</b>		
Impact	Yes <input type="checkbox"/>	No <input type="checkbox"/> <b>X</b>		
Electrical Arc	Yes <input type="checkbox"/>	No <input type="checkbox"/> <b>X</b>		



**FALL HAZARDS:** 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. **ADDITIONAL TRAINING/MONITORING IS REQUIRED!**

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 type="checkbox"/> <b>X</b>		

	<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>					
	<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 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).

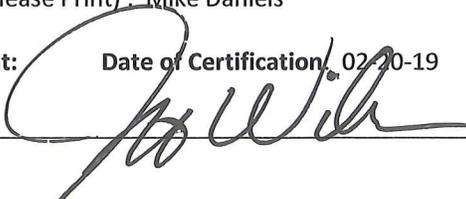
**There were no changes to the Hazard Assessment: No New Chemicals Added: Reviewed with Employee**

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

**Signature of Person Conducting Assessment:**

**Date of Certification:** 02-20-19

**Signature of Person Receiving Assessment:**



**Checked Equipment –** 02-20-19

**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: Michelle Schmitt		
		Working title of position: Processing Assistant V		
		Position Number: 01017130		
	<input type="checkbox"/> A job description for a class of employees	Working title of positions: Print Shop Assistant		
		Position Number(s):		
Your Name: Mike Daniels		Department: NC Dept of Labor	Date: 02-20-19	
	<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.			
	<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 type="checkbox"/>	No <input checked="" type="checkbox"/>	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.				
<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>		
				

	Impact	Yes <input type="checkbox"/>	No <input type="checkbox"/> <b>X</b>		
	Electrical Shock	Yes <input type="checkbox"/>	No <input type="checkbox"/> <b>X</b>		

**FOOT HAZARDS:** 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.



Check the appropriate box for each hazard:	Description of hazard(s):	Based upon the hazard assessment, the following PPE is required:
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Chemical Exposure	Yes <input type="checkbox"/>	No <input type="checkbox"/> <b>X</b>		
High/Heat Cold	Yes <input type="checkbox"/>	No <input type="checkbox"/> <b>X</b>		
Impact/Compression	Yes <input type="checkbox"/>	No <input type="checkbox"/> <b>X</b>		
Slips/Trips	Yes <input type="checkbox"/>	No <input type="checkbox"/> <b>X</b>		
Puncture	Yes <input type="checkbox"/>	No <input type="checkbox"/> <b>X</b>		
Slippery/Wet Surfaces	Yes <input type="checkbox"/>	No <input type="checkbox"/> <b>X</b>		
Explosive/Flammable Atmospheres	Yes <input type="checkbox"/>	No <input type="checkbox"/> <b>X</b>		
Electrical	Yes <input type="checkbox"/>	No <input type="checkbox"/> <b>X</b>		



**NOISE HAZARDS:** Personnel may be exposed to noise hazards when machining, grinding, sanding, using pneumatic equipment, generators, motors, jackhammers, or similar equipment. **ADDITIONAL TRAINING/MONITORING IS REQUIRED!**

Check the appropriate box for each hazard:		Description of hazard(s):	Based upon the hazard assessment, the following PPE is required:
Noise hazard	Yes <input type="checkbox"/> X	No <input type="checkbox"/>	<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.
		Noise from machine running only when entering print shop	



**HAND HAZARDS:** 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. **BLOODBORNE PATHOGENS – ADDITIONAL TRAINING/MONITORING IS REQUIRED!**

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"/> X	No <input type="checkbox"/>	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>
High Heat/Cold	Yes <input type="checkbox"/>	No <input type="checkbox"/> X	
Cuts/ Abrasions	Yes <input type="checkbox"/>	No <input type="checkbox"/> X	
Puncture	Yes <input type="checkbox"/>	No <input type="checkbox"/> X	
Electrical Shock	Yes <input type="checkbox"/>	No <input type="checkbox"/> X	
		Working with and replacing toner cartridges  Working and mixing with chemicals, if Working in the print shop or darkroom	

	Bloodborne Pathogens	Yes <input type="checkbox"/>	No <input type="checkbox"/> <b>X</b>		<b>Rubber Gloves</b>
	<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	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"/>	Working and mixing with chemicals, if	
	Abrasion	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	<b>Working</b> in the print shop or darkroom	
	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>				
	<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>
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>					
	<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 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:** 02-20-19

**Signature of Person Receiving Assessment:** Michelle Sch

**Checked Equipment – on order**

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

