

Attachment B Personal Protective Equipment Requirements

Personal Protective Equipment Requirements for: _____ HHW Program.
_____ is the Designated Person responsible for PPE Program Implementation.

Please complete and post

PPE	Receiving Wastes	Sorting Wastes	Bulking Flammables, Solvents, or Aerosols	Bulking Latex Paint	Lab-Packing	Spill Cleanup (incidental)	Traffic Control	ID of Unknowns
Chemical-resistant gloves	R	R	R	O	R	R	O	R
Inner protective gloves	O	O	R	O	R	R	O	R
Tyvek protective suit	O	O	O	O	O	O	O	O
Apron or coverall	R	R	R	R	R	R	O	R
Chemical-resistant protective suit	O	O	R	O	O	R	O	O
Safety glasses with side shields	R	R	R	R	R	R	O	R
Goggles	O	O	R	O	O	R	O	O
Face shields	O	O	O	O	O	O	O	O
Reinforced footwear or toe caps	R	R	R	R	R	R	R	R
Chemical-resistant foot covers	O	O	O	O	O	O	O	O
Non-chemical-resistant foot covers	O	O	O	O	O	O	O	O
Respiratory protection	O	O	R	O	R	R	O	R
Safety headgear	O	O	O	O	O	O	O	O
Hearing protection	O	O	O	O	O	O	O	O
Long pants	R	R	R	R	R	R	R	R
Long sleeves	R	R	R	R	R	R	R	R
Reflective traffic vest	O	O	O	O	O	O	R	O

These recommendations are intended to provide guidance. Adjust list as needed to make specific to this Program PPE policy. An "R" indicates PPE usage is required. An "O" indicates PPE usage is optional.