Number B-1.0 – Personal Protective Equipment (PPE)

1.0 PURPOSE:
To ensure that all employees are protected from workplace hazards through the proper use of Personal Protective Equipment (PPE). PPE includes all clothing and personal accessories designed to create a barrier between employees and workplace hazards.

2.0 POLICY:
The company will furnish employees with the PPE necessary to perform their jobs safely. Engineering control shall be the primary method used to eliminate or minimize hazard exposure in the workplace. When such controls are not practical or applicable, PPE shall be used to eliminate exposure to hazards. All employees will be trained in the proper use of PPE.

3.0 RESPONSIBILITIES:
A. It is the responsibility of the Facility Leader to ensure compliance with this procedure in its entirety.

B. It is the responsibility of the Facility Leader to conduct a hazard assessment to identify the needed PPE.

C. It is the responsibility of the Facility Leader to ensure that all employees are trained in the selection, use, inspection, storage, cleaning, and limitation of specific PPE.

D. It is the responsibility of the Facility Leader to monitor the use of PPE, provide replacement PPE when needed, and identify any new hazard that would require the use of PPE.

E. It is the responsibility of all Employees to properly use and care for assigned PPE, and immediately inform their supervisor if PPE is damaged or not effective.

4.0 PROCEDURE:
Procedures B-1.1, B-1.2, B-1.3, B-1.4, B-1.5, and B-2.0 list specific requirements for certain types of PPE. Each procedure contains required conditions, actions, and limitations that must be followed.
SAFETY POLICY AND PROCEDURE MANUAL
All Euramax Subsidiaries

Number B-1.0 – Personal Protective Equipment (PPE)

(B.1.1) **Eye Protection** (Minimum of ANSI Z87.1) will be required of all personnel working in or upon entering all manufacturing, warehouse, maintenance, yard areas of the plant or other designated area.

(B-1.2) **Foot Protection** (ASTM F2413-11 rated) is required of all personnel working in the manufacturing, warehouse, maintenance, or yard areas of the plant. Foot protection is also required for all truck drivers.

(B-1.3) **Head Protection** is required anywhere there is a hazard caused by the possibility of objects falling or the employee’s head bumping a stationary object in the normal course of duties. Note: Head protection is required when working under an overhead crane.

(B-1.4) **Hand Protection** is required where the hazard of any of the following exists: absorption of harmful substances, severe cut or lacerations, severe abrasions, punctures, chemical burns, thermal burns or harmful temperature extremes. Gloves are required at all times in all metal fabrication facilities when working in a production area.

(B-1.5) **Respiratory Protection** (OSHA 1910.134 and CSA Z94.1-11) is required anywhere hazardous substances are present in sufficient quantity or density to exceed standards whether as dust, vapors or fumes.

(B-2.0) **Hearing Protection** is required in any area of the facility determined to have a dB average in the 80–130 dB range over an 8-hour period.

Arm Protection is required in any area of the facility where the hazard of the following exists: severe cut or lacerations, severe abrasions, punctures, chemical burns, thermal burns or harmful temperature extremes.

A. Each facility must conduct an Annual Workplace Hazard Assessment. The purpose of this assessment is to inspect and identify hazards which require employees to wear PPE in the area where performing the work identified. This should be conducted annually by the Facility Leader and members of the Safety Committee (see attached “Workplace Hazard Assessment Form”).

* Uncontrolled if printed *
B. A copy of the signed annual Workplace Hazard Assessment Form must be maintained in a Safety Notebook at the plant for two years.

C. Each facility is required to train all employees who, due to the hazards of their job or area where they work, are required to wear PPE.

Training will include:
- What is PPE?
- When is PPE necessary?
- How to properly wear, remove and adjust PPE.
- The limitations of PPE.
- The proper care, maintenance, useful life and disposal of PPE.
- What PPE is required and when in the local setting.

The training shall also cover the policy and discipline administered for not wearing required PPE.

D. Annual training and certification of PPE shall be conducted in conjunction with a weekly safety meeting (see Procedure D-4.0 – Weekly Safety Meeting Program). New hires are trained prior to working as part of their New Hire Orientation (see Procedure D-1.0 – New Hire Safety Orientation).

E. Employees failing to comply with this procedure will be disciplined in accordance with normal progressive disciplinary procedures for the facility.

5.0 ATTACHMENT / FORMS:
A. Workplace Hazard Assessment Form

6.0 ATTACHMENT / FORMS:
Original Issue - 1/2009
Reviewed and Updated - 12/2010
Reviewed and Updated - 3/2011
Reviewed and Updated – 11/2015

* Uncontrolled if printed *
### Number B-1.0 – Personal Protective Equipment (PPE)

**WORKPLACE HAZARD ASSESSMENT FORM**

<table>
<thead>
<tr>
<th>Date:</th>
<th>Facility/Task:</th>
</tr>
</thead>
<tbody>
<tr>
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<table>
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<tr>
<th>Assessment Conducted By:</th>
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</table>

1. **Eye and Face Hazards** - Hazards to consider include:
   - Chemical/molten metal/liquid splashes
   - Lasers/optical radiation
   - Grinding/machining/welding/dust

   **Hazards Identified:**

   **Recommended Eye and Face Protection**
   - Safety glasses or goggles (ANSI Z87.1) Yes No
   - Face or welding shield Yes No

2. **Hearing Protection** - Hazards to consider include:
   - Noise measurement in decibels and duration (Avg. of 80-130 dB over 8 hour period)

   **Hazards Identified:** NOTE – review existing or conduct new noise monitoring to determine if there is in fact a hazard.

   **Recommended Hearing Protection**
   - Ear Plugs or Muffs Yes No

3. **Hand and Arm Hazards** - Hazards to consider include:
   - Chemicals/biological agents
   - Sharp edges, splinters, etc.
   - Temperature extremes
   - Exposed electrical wires
   - Sharp tools, machine parts, etc.
   - Material handling

   **Hazards Identified:**
### Recommended Hand and Arm Protection

<table>
<thead>
<tr>
<th>Gloves: If yes, type:</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chemical resistant; if yes, type</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Temperature resistant</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Abrasion resistant (Kevlar)</td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sleeves: If yes, type:</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abrasion resistant (Kevlar)</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Water resistant /waterproof</td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

### 4. Foot and Leg Hazards - Hazards to consider include:
- Heavy materials handled by employees
- Sharp edges or points (puncture risk)
- Exposed electrical wires
- Hot, wet or slippery conditions
- Construction/demolition

### Hazards Identified:

### Recommended Foot and Protection

| Safety shoes (ASTM F2413-11 rated) | Yes | No |

### 5. Head and Overhead Hazards - Hazards to consider include:
- Suspended loads that could fall
- Overhead head bump hazards

### Hazards Identified:

### Recommended Head Protection

| Type A (Impact and penetration resistance, plus low-voltage electrical insulation) | Yes | No |
| Type B (Impact and penetration resistance, plus high-voltage electrical insulation) | Yes | No |
| Type C (Impact and penetration resistance) | Yes | No |
| Bump Hat | Yes | No |
6. Body Hazards - Hazards to consider include:
   - Extreme temperature (heat or cold)
   - Chemical/liquid splashes
   - Sharp edges or points (puncture risk)
   - Material handling/heavy lifting
   - Hazardous chemicals/radiation

Hazards Identified:

<table>
<thead>
<tr>
<th>Recommended Body Protection</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specialized weather gear</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Coveralls, Bodysuits or Aprons:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chemical resistant</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Abrasion resistant</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heat Shield</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Back Belt</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

7. Respiratory Protection - Hazards to consider include:
   - Chemical/dust exposure
   - Emergency response or evacuation requirements
   - Asbestos abatement activities
   - Abrasive blasting
   - Welding or burning
   - Painting, especially with epoxy or organic solvent coatings
   - Using solvents, strippers, thinners, or degreasers
   - Any work which generates large amounts of dust
   - Working in a confined space
   - Smoke/fumes

Hazards Identified: NOTE – evaluation shall include a reasonable estimate of employee exposures to respiratory hazards and an identification of the chemical state and physical form – if appropriate, review existing or conduct new air sampling to determine if there is in fact a hazard, contact the Euramax Corporate Safety Coordinator.
### Recommended Respiratory Protection

Respirator: If yes, selection of the proper respirator(s) to be used in any work area or operation is made only after a determination has been made as to the real and/or potential exposure of employees to harmful concentrations of contaminants in the workplace atmosphere. This evaluation will be performed prior to the start of any routine or non-routine tasks requiring respirators. The following items should be considered in the selection of respirators:

- Effectiveness of the device against the substance of concern;
- Estimated maximum concentration of the substance in the work area;
- General environment (open shop or confined space, etc.);
- Known limitations of the respiratory protective device;
- Comfort, fit, and worker acceptance; and
- Other contaminants in the environment or potential for oxygen deficiency.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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### 8. Other Identified Safety and/or Health Hazards:

<table>
<thead>
<tr>
<th>Hazard</th>
<th>Recommended Protection</th>
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</table>

I certify that this inspection was performed to the best of my knowledge and ability, based on the hazards present on ____________________________.

(Date)

____________________________________
(Facility Leader’s Signature)

Notes:

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________