|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Rubber insulating equipment meeting the following national consensus standards is deemed to be in compliance.  American Society for Testing and Materials (ASTM)  ASTM D 120-87, Specification for Rubber Insulating Gloves.  ASTM D 178-93 (or D 178-88), Specification for Rubber Insulating Matting.  ASTM D 1048-93 (or D 1048-88a), Specification for Rubber Insulating Blankets.  ASTM D 1049-93 (or D 1049-88), Specification for Rubber Insulating Covers.  ASTM D 105-90, Specification for Rubber Insulating Line Hose.  ASTM D 1051-87, Specification for Rubber Insulating Sleeves.  Standard electrical test methods considered as meeting this requirement are given in the following national consensus standards:  ASTM D 120-87, Specification for Rubber Insulating Gloves.  ASTM D 1048-93, Specification for Rubber Insulating Blankets.  ASTM D 1049-93, Specification for Rubber Insulating Covers.  ASTM D 1050-90, Specification for Rubber Insulating Line Hose.  ASTM D 1051-87, Specification for Rubber Insulating Sleeves.  ASTM F 478-92, Specification for In-Service Care of Insulating Line Hose and Covers.  ASTM F 479-93, Specification for In-Service Care of Insulating Blankets.  ASTM F 496-93b, Specification for In-Service Care of Insulating Gloves and Sleeves.  Appendix J  **Training Verification**  **PERSONAL PROTECTIVE EQUIPMENT (PPE)**  **Instructions:** Inform each employee whose job responsibilities and actions necessitate the use of PPE to ensure safe working conditions at a given location. Identify potential hazards associated with this job under the Source and Hazard columns. Select the appropriate, properly fitting PPE needed to prevent injury from each potential hazard. Document selection under the PPE column. Instruct the employee on donning, doffing, limitations, proper use and maintenance of the protective equipment. The appropriate section in the PPE policy is referenced for protective equipment selection.  **Please note:** Respiratory and back safety hazards should be assessed where and whenever necessary. This form may be used to assess and document these hazards as well. Do not assign respirators without following OSHA regulations. | | | | | | | |
| **Department** | |  | | | **Location(s)** |  |  |
|  | | | | | | | |
| **Source** | | | **Y/N** | **Hazard** | **\*Affected body part** | **PPE** |  |
| Impact | | |  |  |  |  |
| Puncture/cut | | |  |  |  |  |
| Compression | | |  |  |  |  |
| Chemical (Liquid, gas, or solid) | | |  |  |  |  |
| Heat( burns, shock or stroke) | | |  |  |  |  |
| Dust | | |  |  |  |  |
| Noise | | |  |  |  |  |
| Radiation | | |  |  |  |  |
| Other: | | |  |  |  |  |
| Other: | | |  |  |  |  |
| \*Affected body parts may include, but are not necessarily limited to: head, eyes, face, arms, hands/fingers, legs, feet/toes, back, lungs.  **By signing below, I certify that training on the proper use of PPE has been conducted in regards to a specific location. I understand that retraining may be necessary in the future if the functions of this position change, or if deemed necessary.** | | | | | | | |
| Name of Employee | |  |  |  |  |  |  |
|  | |  |  |  |  |  |
| Signature of Employee | |  |  |  | Date |  |
|  | |  |  |  |  |  |
| Name of Assessor | |  |  |  |  |  |
|  | |  |  |  |  |  |
| Signature of Assessor | |  |  |  | Date |  |
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