# Compass UK & Ireland

## Workplace Safety Management System

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| **ES06** | **Personal Protective Equipment (PPE) Assessment** |
| **Unit Name** |  | **Unit Number** |  |
| **Risk Assessment Completed** | Date | Signed |
| **1st review** | Date | Signed |
| **2nd review** | Date | Signed |
| **3rd review** | Date | Signed |

**Note** - Assessments must be reviewed every 3 years, whenever there is a significant change in the activity, and following any incident involving the activity. Assessments must be retained for a period of 6 years.

**Section 1** identifies different types of PPE that can be considered to protect different parts of the body. **Section 2** considers other aspects that must be considered. All PPE issued to each member of staff must be recorded on the ES06a PPE Issue Form.

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| **Section 1 – Identification of PPE** |
| **Parts of the body protected** | **Types of suitable PPE to consider** | **Types of PPE provided**(Write in here the PPE items in use, or N/A if not required – having checked relevant risk assessments). |
| Eyes and Face | *Safety spectacles, goggles, face visors or facemasks* to protect against chemicals, dust, projectiles and hazardous vapours. |  |
| Hearing | *Ear plugs or ear defenders* to protect against hearing loss from damaging noise levels. |  |
| Head and/or neck | *Hard hats or bump caps* to protect against falling or flying objects and head bumping; hairnets to prevent hair entanglement. |  |
| Breathing | *Facemasks, respirators or breathing apparatus* to protect against dust, vapours, gas and oxygen deficient atmospheres. |  |
| Whole body / trunk area | *Overalls, aprons, stab vests, high-visibility clothing, waterproof coats, thermal clothing* to protect against the effects of adverse weather or temperature extremes, chemical splashes, hotsubstances, assault (stab wounds or blows from a weapon) etc.. |  |
| Hands and/or arms | *Gloves, gauntlets or armlets* to protect against abrasion, temperature extremes, cuts and punctures, impacts, chemicals, hot substances and equipment, electric shock, vibration, skin infection, disease or contamination. |  |
| Feet and/or legs | *Safety boots or slip resistant footwear with / without toecaps or steel mid-soles, leggings and gaiters* to protect against wet, cuts andpunctures, falling objects, frequent use of roll cages and/or pallet trucks and slipping. |  |

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| Document Name | **Personal Protective Equipment (PPE) Assessment** | Document No | **WS.RA.ES.06.01** |
| Document Owner | **Workplace Safety** | Date of Issue | **July 2022** |
| Classification | **Internal Use** | Version No | **1.0** |

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| **Section 2 – Other factors** |
| **Matters to Consider** | **Y/N** | **Possible Management Action** | **Actions/Comments** |
| Have all users been trained inthe correct use and care of PPE? |  | Ensure training is carried out, recorded and signed for. |  |
| Has a PPE Record of Issue been completed and signed for each user? |  | Ensure that ES06a PPE Record of Issue is completed and signed for all users. |  |
| Are items of PPE being worn and used correctly when required? |  | Ensure employees wear or use PPE as defined in applicable risk assessments or COSHH Product Assessments. |  |
| Do all items of PPE fit properly and give adequate protection? |  | Ensure PPE is correctly adjusted to fit and, where applicable, that no gaps are present that could expose the user to harmful substances. |  |
| Is protection maintained where more than one item of PPE is worn together? |  | Check that there is no protection conflict where two or more items are worn, e.g. goggles and facemask. |  |
| Are PPE users free from adverse health effects, e.g. skin complaints, breathing difficulties etc? |  | Stop the person carrying out the task and investigate the possible cause. Refer to the guidance on Occupational Dermatitis and Occupational Asthma. (Available on the HSE webpage). |  |
| Is PPE stored correctly and kept away from sources of contamination, e.g. chemicals? |  | Provide suitable storage, including individual storage facilities, if necessary, for hygiene reasons. |  |
| Is PPE kept clean, in good condition and replaced when necessary? |  | Ensure PPE users keep PPE clean and report to manager or supervisor when replacement needed. |  |
| Where required for hygiene reasons, are employees issuedwith their own items of PPE? |  | Individual PPE will need to be issued if there could be a hygienerisk if shared. |  |
| Is PPE in good condition and in good working order?Where applicable, does PPE have all straps, clasps, buckles or ties in place?Is PPE free from obvious defects, such as:Dents, deep scratches, holes, worn thin, frayed, torn or otherwise damaged? |  | Replace all items of defective PPE and retrain users in the need to report defective PPE for repair or replacement. |  |
| Other factors: |  |  |  |

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