

Safety Policy & Procedure Manual		Section:	Date: 10/20/15
		Revision:	
Subject: <p style="text-align: center;">Personal Protective Equipment Program</p>			

I. PURPOSE

To assure that personal protective equipment is provided, properly used and maintained wherever it is necessary, by reason of hazards of processes or environment, chemical hazards, radiological hazards, or mechanical irritants encountered in a manner capable of causing injury or impairment in the function of any part of the body through absorption, inhalation or physical contact.

The purpose of this program is to:

- a. Identify the appropriate personal protective equipment to be used by personnel, contractors, and visitors who perform work at this facility;
- b. Establish performance requirements for the use of that equipment; and
- c. Provide personnel with training in the proper use of personal protective equipment and the requirements of this program.
- d. Comply with 29 CFR 1910 Subpart I – Personal Protective Equipment.

All protective equipment; including but not limited to protective clothing, protective shields, barriers, and personal protective equipment; for eyes, face, head, and extremities are included **in the scope of this program**. Respiratory protection equipment, hearing protection equipment, and personal fall arrest systems are not specifically addressed in this program.

II. DEFINITIONS

Administrative Controls - Workplace policy, procedures, and practices that minimize the exposure of workers to risk conditions. For instance, SOP's are administrative controls used by LTR employees to reduce the risk of exposure to electrical hazards when servicing any equipment.

Engineering Controls - Methods of controlling personnel exposures by modifying the source or reducing the quantity of contaminants released into the work environment.

Hazard Assessment - A process used to identify hazards present, or likely to be present, to determine the proper PPE usage.

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Personal Protective Equipment (PPE) - Equipment worn by personnel to protect against hazards. Examples include gloves, respirators, and hearing protection.

III. RESPONSIBILITY

The Safety Manager, or his/her designee, is responsible for administering this Personal Protective Equipment Program. These duties include:

- a. Ensuring that review of the entire facility's operations is performed and a hazard assessment is conducted and documented;
- b. Ensuring that personal protective equipment is available, provided at no cost to personnel (except work boots), and maintained properly;
- c. Ensuring that worker-provided PPE (i.e. safety shoes) is adequate, properly maintained, and kept clean; and
- d. Ensuring personnel training is conducted.

IV. PROCEDURE

1. Engineering and Administrative Controls

Engineering and administrative controls will be implemented where feasible. Personal protective equipment will be used while these controls are being evaluated and/or put into place.

2. Hazard Assessment(s)

An initial survey is performed at each Light Tower Rentals facility to determine potential chemical and physical hazards, which may exist, and/or the status of controls for those hazards. Additionally the survey is used to identify where personal protective equipment is used, or should be used, to protect personnel from these hazards. A blank Hazard Assessment and PPE Selection Form – Form 1010 is available for newly identified jobs and/or facility specific tasks.

A hazard assessment template has been completed for the more common jobs within Light Tower Rentals (as applicable). These hazard assessments are for typical jobs at typical Light Tower Rentals locations. The individual job-specific Certificates of Hazard Assessment and PPE Selection are listed below with the appropriate form number:

Form 1010 – Blank Form

Form 1010A – Shop Hand/ Equipment Washer

Form 1010B – Field Service Techs

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Form 1010C – Truck Drivers

Form 1010D – Managers/Coordinators/Sales

Form 1010E – Maintenance Mechanic

A comprehensive chart detailing minimum PPE requirements for typical Light Tower Rentals personnel is included in:

Form 1010M – PPE Summary All Jobs

These forms must be updated as necessary to maintain documentation of hazard certification for current work practices.

V. SELECTION, CARE and USE

In selecting the PPE, consideration is given to the type and degree of hazard, as well as flexibility, durability and comfort of the equipment.

1. General Requirements

- a. The personal protective equipment must provide adequate protection against the particular hazard(s) for which they are designed;
- b. Personnel must wear company approved uniforms when working on drilling locations – fire retardant pants, fire retardant long sleeve shirts, hard hat, H2S monitor, impact/cut resistant gloves, safety glasses and steel toe work boots.
- c. The personal protective equipment must be reasonably comfortable when worn under the designated or intended conditions;
- d. The personal protective equipment must be durable;
- e. The personal protective equipment must be easily cleanable;
- f. The limitations of the personal protective equipment must be known;
- g. Any hazards, which the personal protective equipment may pose, must be understood; and
- h. Inform personnel of the PPE requirements for each hazard.

2. Specific Requirements

a. Eye and Face Protection

The requirement to wear eye protection is dependent on the results of the job/task specific hazard assessment.

Eye and/or face protection (as required by 29 CFR 1910.133 Eye and Face Protection) will be worn whenever fine particles are produced by welding, grinding, sanding, chipping, power washing, or other operations. Eye protection will also be issued and used during operations when dust, splash, or other hazards to the face and eyes are apparent or may be anticipated. Safety glasses are required at all times in Light Tower Rentals maintenance facilities.

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Persons who are required to wear eye protection and need corrective lenses are required to wear one of the following types of eye protection:

- i. Spectacles with protective lenses providing optical correction that comply with ANSI Z87.1;
- ii. Goggles worn over corrective spectacles or contacts without disturbing the adjustment of the spectacles;
- iii. Goggles that incorporate corrective lenses mounted behind the protective lenses; or
- iv. Prescription lenses, including safety lenses which are mounted in (non-ANSI Z87.1) dress frames are not appropriate protection. In such cases, an approved Z87.1 goggle must be worn over the corrective glasses when the job assignment requires eye protection.

Protective eye and face devices must comply with ANSI Z87.1 "American National Standard Practice for Occupational and Educational Eye and Face Protection," or be equally effective.

b. Head Protection

The requirement to wear head protection is dependent on the results of the job/task specific hazard assessment.

All personnel are required to wear hardhats in areas where there are potential hazards from falling, swinging, or flying objects. Head protection is also available to provide protection from electric shock and burns. When selecting head protection, know if there are potential electrical hazards in the work area.

They must be worn by field techs/truck drivers/ mechanics/ shop hands or other personnel(s) at the following locations:

- i. Drilling locations;
- ii. Construction locations;
- iii. And all locations where there are potential for falling, swinging and flying objects.

Protective helmets must comply with ANSI Z89.1, "American National Standard for Personnel Protection - Protective Headwear for Industrial Workers – Requirements," or be equally effective.

c. Foot Protection

The requirement to wear foot protection is dependent on the results of the job/task specific hazard assessment.

Protective footwear should be worn when working in areas where there is a danger of foot injuries due to falling or rolling objects, or objects piercing the sole, and where there may be electrical hazards.

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Foot protection shall meet the minimum requirements at the following locations:

- i. Field techs/truck drivers/ mechanics/ shop hands and other personnel - all leather, steel toe work boots, with electrical slip-resistant soles.

d. Hand Protection

The requirement to wear hand protection is dependent on the results of the job/task specific hazard assessment.

Personnel whose hands are exposed to hazards must be provided hand protection as required by 29 CFR 1910.138. Personnel must wear hand protection when the following conditions may occur:

- i. Absorption of hazardous substances through the skin (i.e., using parts cleaner);
- ii. Cuts/scrapes/abrasions;
- iii. Punctures (such as needle sticks); and
- iv. Injury from extreme temperatures (hot or cold).
- v. Injury from electrical hazards (such as generators).

Gloves should fit comfortably and should be inspected before use. Glove size must be considered when purchasing gloves. Chemical protective gloves should be washed prior to removal. Gloves are replaced as needed due to normal wear or due to permeation, degradation or penetration of chemical materials.

e. Respiratory Protection

Respiratory protection will be issued to and used by operating personnel whenever they are exposed to airborne contaminants that exceed permissible exposure limits or oxygen deficient atmosphere or where respirator use is required in a manufacturers SDS due to specific application and use of the individual product. See the Respiratory Protection Program for more details.

f. Hearing Protection

Hearing protection will be provided to personnel exposed to noise levels of 85 dBA (time weighted average, TWA) or greater. For personnel exposed to 90 dBA (TWA) hearing protection will be provided and required to be used. See the Hearing Conservation Program for more details.

3. Care for PPE

Some of the PPE that can be used, such as earplugs, coveralls, and gloves, may be disposable. Ensure that non-disposable PPE is carefully maintained so that it continues to give full protection.

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4. Recognize Limitations of PPE

PPE provides important protection, but it has limitations. PPE can be hot, bulky, and heavy. It can make it harder to move freely while doing a job. It can increase fatigue and cut down on the ability to see, hear, and feel. All of these limitations can create stress. The best PPE selection minimizes stress and maximizes protection.

5. Defective PPE

Damaged, defective, or worn out PPE cannot give protection and must not be used. Ensure that PPE is inspected before each use to see if it has been damaged, degraded or weakened. Follow the PPE manufacturer's recommendations. Watch out for defects, rips, or seam openings in PPE that could let a chemical penetrate and erode protection. Finally check the inside of PPE and the surface of the skin to be sure a chemical has not passed through PPE or permeated it.

VI. TRAINING

Personnel training must include the following information:

- a. Where and when to wear PPE;
- b. What PPE to wear;
- c. How to properly put on, take off, wear, adjust and store PPE;
- d. How to properly care for and maintain PPE;
- e. What the limitations of PPE are; and
- f. How to identify when PPE is no longer usable.

All personnel required to wear PPE must demonstrate that they understand how to properly wear, use, clean, and maintain their PPE.

Personnel require retraining when:

- a. Based on supervisor work observations - they wear, use, clean, or maintain PPE improperly, or otherwise show that they lack these skills;
- b. Whenever there are new work practices or equipment, or requirements for PPE have changed; and
- c. Whenever a person is assigned to a task that requires different PPE.

VII. OUTSIDE CONTRACTORS

Prior to performing any work at this Light Tower Rental facility, contractors will be required to complete and meet the requirements of this written program.

The contractor will be informed of this program and certify their understanding and compliance with this program before commencing work at this facility. All outside contractors are required to adhere to these Personal Protective Equipment Program requirements.

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VIII. RECORDKEEPING

The following records pertinent to this program are maintained at the facility. These records include:

1. Certification of Hazard Assessment and PPE Selection forms;
2. Employee Record of Training; and
3. Manufacturer's information/manuals associated with the personal protective equipment for specific equipment.

The training record includes the following information:

1. A statement that each person has received and understands the PPE training;
2. The content of the training;
3. The names and signatures of the attendees;
4. The date(s) of training;
5. The name of the person who provided the training; and
6. Document training on the appropriate Certification of Hazard Assessment and PPE Selection - Form 1010? (The letter depends on job/task).

IX. ENFORCEMENT

The Safety Manager and Management are responsible for enforcement of the Personal Protective Equipment Program. Anyone who directs someone, either directly or in-directly to violate, or has or should have knowledge of a violation, and takes no corrective action will receive appropriate disciplinary action.

All personnel are responsible for following the procedures in this program. Personnel and their immediate supervisor or manager found in violation of this program will be subject to disciplinary action explained in Light Tower Rentals policies.

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Certificate of Hazard Assessment and PPE Selection – Form 1010 - EXAMPLE

FIRST NAME: John LAST NAME: Doe

JOB TITLE/TASK: Field Tech

Check all that apply: (Indicate with an "X" where PPE is required for one or more assigned work activity, and with an "O" where PPE is available for **employee** comfort and is not required for any related work activities.)

Eye and Face Protection

Safety Glasses Goggles Face Shield Welding Hood
 Helmet/Shield Welding Goggles Other

Describe: _____

Head Protection

Hardhat Bump Cap Other

Describe: Type I – Class E hard hats

Foot Protection

Work Boots (All-leather steel toe, electrical slip-resistant soles)
 Other(s) Describe: _____

Hand Protection

Impact/Cut Resistant Gloves (type: AT LEAST A CUT LEVEL THREE)
 Electrical Gloves (type: 1 – Class O – Max Use Volt 1000 V AC)
 Chemical Protective Gloves (type: _____)
 Other(s) Describe: _____

Protective Clothing

FR Work Uniform
 FR Jacket
 Chemical Protective Clothing (type: _____)
 Other(s) Describe: _____

Respiratory Protection

Disposable Dust Respirator face-piece model#: _____
 Half-face Mask Respirator face-piece model#: _____
 Full-face Mask Respirator face-piece model#: _____
 Other(s) Describe: _____

Hearing Protection

Ear Plugs Ear Muffs Canal Caps
 Other(s) Describe: _____

I certify that I have received or will use the personal protective equipment indicated on this form and that I have been trained to know:

1. When it is necessary to wear this protective equipment,
2. What protective equipment is necessary for each of my assigned duties,
3. How to properly put on, take off, adjust and wear this equipment,
4. The limitations of this equipment and,
5. The proper care, maintenance, useful life and disposal of this equipment.

Employee's Signature: John Doe Date: 10/20/15

I certify that I have assessed this employee's work tasks, assigned this employee to use the indicated personal protective equipment and have determined that he/she is qualified to use and maintain it.

Safety Officer's Signature: Steve Todd Date: 10/20/15

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Certificate of Hazard Assessment and PPE Selection – Form 1010A

FIRST NAME: _____ LAST NAME: _____

JOB TITLE/TASK: Shop Hand/Equipment Washer

Check all that apply: (Indicate with an "X" where PPE is required for one or more assigned work activity, and with an "O" where PPE is available for employee comfort and is not required for any related work activities.)

Eye and Face Protection

Safety Glasses
 Goggles
 Face Shield
 Welding Hood
 Helmet/Shield
 Welding Goggles
 Other

Describe: _____

Head Protection

Hardhat
 Bump Cap
 Other

Describe: Type I - Class E hard hats

Foot Protection

Work Boots (All-leather
 steel toe,
 electrical slip-resistant soles)
 Other(s) Describe: _____

Hand Protection

Impact/Cut Resistant Gloves (type: _____)
 Electrical Gloves (type: _____)
 Chemical Protective Gloves (type: _____)
 Other(s) Describe: _____

Protective Clothing

FR Work Uniform
 FR Jacket
 Chemical Protective Clothing (type: _____)
 Other(s) Describe: _____

Respiratory Protection

Disposable Dust Respirator face-piece model#: _____
 Half-face Mask Respirator face-piece model#: _____
 Full-face Mask Respirator face-piece model#: _____
 Other(s) Describe: _____

Hearing Protection

Ear Plugs
 Ear Muffs
 Canal Caps
 Other(s) Describe: _____

I certify that I have received or will use the personal protective equipment indicated on this form and that I have been trained to know:

6. When it is necessary to wear this protective equipment,
7. What protective equipment is necessary for each of my assigned duties,
8. How to properly put on, take off, adjust and wear this equipment,
9. The limitations of this equipment and,
10. The proper care, maintenance, useful life and disposal of this equipment.

Employee's Signature: _____ Date: _____

I certify that I have assessed this employee's work tasks, assigned this employee to use the indicated personal protective equipment and have determined that he/she is qualified to use and maintain it.

Safety Officer's Signature: _____ Date: _____

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Certificate of Hazard Assessment and PPE Selection – Form 1010B

FIRST NAME: _____ LAST NAME: _____

JOB TITLE/TASK: Field Tech

Check all that apply: (Indicate with an "X" where PPE is required for one or more assigned work activity, and with an "O" where PPE is available for employee comfort and is not required for any related work activities.)

Eye and Face Protection

Safety Glasses Goggles Face Shield Welding Hood
 Helmet/Shield Welding Goggles Other

Describe: _____

Head Protection

Hardhat Bump Cap Other

Describe: Type I - Class E hard hats

Foot Protection

Work Boots (All-leather steel toe, electrical slip-resistant soles)
 Other(s) Describe: _____

Hand Protection

Impact/Cut Resistant Gloves (type: _____)
 Electrical Gloves (type: 1 – Class O – Max Use Volt 1000 V AC)
 Chemical Protective Gloves (type: _____)
 Other(s) Describe: _____

Protective Clothing

FR Work Uniform
 FR Jacket
 Chemical Protective Clothing (type: _____)
 Other(s) Describe: _____

Respiratory Protection

Disposable Dust Respirator face-piece model#: _____
 Half-face Mask Respirator face-piece model#: _____
 Full-face Mask Respirator face-piece model#: _____
 Other(s) Describe: _____

Hearing Protection

Ear Plugs Ear Muffs Canal Caps
 Other(s) Describe: _____

I certify that I have received or will use the personal protective equipment indicated on this form and that I have been trained to know:

11. When it is necessary to wear this protective equipment,
12. What protective equipment is necessary for each of my assigned duties,
13. How to properly put on, take off, adjust and wear this equipment,
14. The limitations of this equipment and,
15. The proper care, maintenance, useful life and disposal of this equipment.

Employee's Signature: _____ Date: _____

I certify that I have assessed this employee's work tasks, assigned this employee to use the indicated personal protective equipment and have determined that he/she is qualified to use and maintain it.

Safety Officer's Signature: _____ Date: _____

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Certificate of Hazard Assessment and PPE Selection – Form 1010C

FIRST NAME: _____ LAST NAME: _____

JOB TITLE/TASK: Truck Driver

Check all that apply: (Indicate with an "X" where PPE is required for one or more assigned work activity, and with an "O" where PPE is available for employee comfort and is not required for any related work activities.)

Eye and Face Protection

Safety Glasses ___ Goggles ___ Face Shield ___ Welding Hood
 ___ Helmet/Shield ___ Welding Goggles ___ Other

Describe: _____

Head Protection

Hardhat ___ Bump Cap ___ Other

Describe: Type I - Class E hard hats

Foot Protection

Work Boots (All-leather steel toe, electrical slip-resistant soles)
 ___ Other(s) Describe: _____

Hand Protection

Impact/Cut Resistant Gloves (type: _____)
 ___ Electrical Gloves (type: _____)
 ___ Chemical Protective Gloves (type: _____)
 ___ Other(s) Describe: _____

Protective Clothing

FR Work Uniform
 ___ FR Jacket
 ___ Chemical Protective Clothing (type: _____)
 ___ Other(s) Describe: _____

Respiratory Protection

___ Disposable Dust Respirator face-piece model#: _____
 ___ Half-face Mask Respirator face-piece model#: _____
 ___ Full-face Mask Respirator face-piece model#: _____
 ___ Other(s) Describe: _____

Hearing Protection

Ear Plugs ___ Ear Muffs ___ Canal Caps
 ___ Other(s) Describe: _____

I certify that I have received or will use the personal protective equipment indicated on this form and that I have been trained to know:

16. When it is necessary to wear this protective equipment,
17. What protective equipment is necessary for each of my assigned duties,
18. How to properly put on, take off, adjust and wear this equipment,
19. The limitations of this equipment and,
20. The proper care, maintenance, useful life and disposal of this equipment.

Employee's Signature: _____ Date: _____

I certify that I have assessed this employee's work tasks, assigned this employee to use the indicated personal protective equipment and have determined that he/she is qualified to use and maintain it.

Safety Officer's Signature: _____ Date: _____

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Certificate of Hazard Assessment and PPE Selection – Form 1010D

FIRST NAME: _____ LAST NAME: _____

JOB TITLE/TASK: Managers/Coordinators/Sales

Check all that apply: (Indicate with an "X" where PPE is required for one or more assigned work activity, and with an "O" where PPE is available for employee comfort and is not required for any related work activities.)

Eye and Face Protection

Safety Glasses ___ Goggles ___ Face Shield ___ Welding Hood
 ___ Helmet/Shield ___ Welding Goggles ___ Other

Describe: _____

Head Protection

Hardhat ___ Bump Cap ___ Other

Describe: Type I - Class E hard hats

Foot Protection

Work Boots (All-leather steel toe, electrical slip-resistant soles)
 ___ Other(s) Describe: _____

Hand Protection

Impact/Cut Resistant Gloves (type: _____)
 ___ Electrical Gloves (type: _____)
 ___ Chemical Protective Gloves (type: _____)
 ___ Other(s) Describe: _____

Protective Clothing

FR Work Uniform
 ___ FR Jacket
 ___ Chemical Protective Clothing (type: _____)
 ___ Other(s) Describe: _____

Respiratory Protection

___ Disposable Dust Respirator face-piece model#: _____
 ___ Half-face Mask Respirator face-piece model#: _____
 ___ Full-face Mask Respirator face-piece model#: _____
 ___ Other(s) Describe: _____

Hearing Protection

___ Ear Plugs ___ Ear Muffs ___ Canal Caps
 ___ Other(s) Describe: _____

I certify that I have received or will use the personal protective equipment indicated on this form and that I have been trained to know:

21. When it is necessary to wear this protective equipment,
22. What protective equipment is necessary for each of my assigned duties,
23. How to properly put on, take off, adjust and wear this equipment,
24. The limitations of this equipment and,
25. The proper care, maintenance, useful life and disposal of this equipment.

Employee's Signature: _____ Date: _____

I certify that I have assessed this employee's work tasks, assigned this employee to use the indicated personal protective equipment and have determined that he/she is qualified to use and maintain it.

Safety Officer's Signature: _____ Date: _____

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Certificate of Hazard Assessment and PPE Selection – Form 1010E

FIRST NAME: _____ LAST NAME: _____

JOB TITLE/TASK: Maintenance Mechanic

Check all that apply: (Indicate with an "X" where PPE is required for one or more assigned work activity, and with an "O" where PPE is available for employee comfort and is not required for any related work activities.)

Eye and Face Protection

Safety Glasses
 Goggles
 Face Shield
 Welding Hood
 Helmet/Shield
 Welding Goggles
 Other

Describe: _____

Head Protection

Hardhat
 Bump Cap
 Other

Describe: Type I - Class E hard hats

Foot Protection

Work Boots (All-leather
 steel toe,
 electrical slip-resistant soles)
 Other(s) Describe: _____

Hand Protection

Impact/Cut Resistant Gloves (type: _____)
 Electrical Gloves (type: 1 – Class O – Max Use Volt 1000 V AC)
 Chemical Protective Gloves (type: _____)
 Other(s) Describe: _____

Protective Clothing

FR Work Uniform
 FR Jacket
 Chemical Protective Clothing (type: _____)
 Other(s) Describe: _____

Respiratory Protection

Disposable Dust Respirator face-piece model#: _____
 Half-face Mask Respirator face-piece model#: _____
 Full-face Mask Respirator face-piece model#: _____
 Other(s) Describe: _____

Hearing Protection

Ear Plugs
 Ear Muffs
 Canal Caps
 Other(s) Describe: _____

I certify that I have received or will use the personal protective equipment indicated on this form and that I have been trained to know:

26. When it is necessary to wear this protective equipment,
27. What protective equipment is necessary for each of my assigned duties,
28. How to properly put on, take off, adjust and wear this equipment,
29. The limitations of this equipment and,
30. The proper care, maintenance, useful life and disposal of this equipment.

Employee's Signature: _____ Date: _____

I certify that I have assessed this employee's work tasks, assigned this employee to use the indicated personal protective equipment and have determined that he/she is qualified to use and maintain it.

Safety Officer's Signature: _____ Date: _____

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PPE Summary - All Jobs – Form 1010M

Safety Equipment	Purpose	Drivers		Managers/Coordinators/Sales			Maintenance Shop	
		Field Techs	Truck Drivers	Managers	Coordinator	Sales	Mechanic	Shop Hand
Foot Protection								
Work boots	Steel toe, all leather	X	X	X	X	X	X	X
Work boots	Electrical Slip-resistant sole	X	X	X	X	X	X	X
Hand Protection								
Abrasion/cut resistant gloves	Protect from cuts and scratches	X	X	X	X	X	X	X
Impact gloves	Protect from splashes, punctures, improved grip (as necessary)	X	X	X	X	X	X	X
Electrical gloves	Electrical shock	X	X		(X)		X	(X)
Latex or chemical resistant gloves	Chemical resistance	X	X		(X)		X	X
Body Protection								
FR Clothing	Protect from potential location flash fires or explosions	X	X	X	X	X	X	(X)
ANSI Class II traffic safety vest.	Enhanced visibility around traffic, moving equipment	(X)	(X)	(X)	(X)	(X)	(X)	(X)
Rain Gear	Protect from water, chemicals, inclement weather (as necessary)	(X)	(X)	(X)	(X)	(X)	(X)	X
Eye and Face Protection								
ANSI conforming safety glasses	Protect eyes from particles (outside of trucks, equipment)	X	X	X	X	X	X	X
Goggles	Protect eyes and face from concentrated particles and splashes (as necessary)	(X)	(X)	(X)	(X)	(X)	X	X
Face Shield	Protect eyes and face from particles and splashes created by power washers, high pressure air lines, etc.	(X)	(X)				X	(X)
Welding helmet shield	Protect eyes from welding hazards.	(X)					X	(X)
Head Protection								
Hardhat – Type I/Class E	Protect from objects that are thrown or fall and electrical hazards	X	X	X	X	X	X	X
Thermal liners	Protect from cold (as necessary)	(X)	(X)	(X)	(X)	(X)	(X)	(X)