Welcome to the BWC sample policy template page! After downloading this sample, please remove the language on this page. Replace the Ohio Bureau of Workers’ Compensation (BWC) logo with your company logo and implement an effective date with management approval signature.

This is a general guidance document to help your organization develop a written safety policy. Some items in this guide will not apply to your workplace. Please reference any applicable standard(s) to ensure you meet all requirements. For added convenience there is a document at the end of this template with resource links. This sample written program has example language, but you **must** change it so that it is site-specific and meets expectations of your organization. Delete the DSH Helper Comments after creating your policy.

For ease of use, every sample provided by BWC follows this format:

**A. Program Administration**

**B. Program Specific Elements**

**C. Information and Training**

**D. Program Evaluation and Updates**

**Attachments**

How to use this template:

1. Save this template and name it for your own reference.
2. Make this template specific to your organization by changing all text in **red** throughout the template.
3. Review with all persons involved with safety and compliance in your organization.
4. Edit the document to add, remove, or adjust language to ensure it is specific to your organization.
5. Review again with all persons involved with safety and compliance in your organization.
6. Finalize the document.
7. Prepare training based on your new or updated policy content.
8. Conduct and document training (general and specific) as required by standard and policy.
9. Schedule and document policy reviews and updates (if any).
10. Retrain when there are any changes within the organization, updates to policy, deficiencies, or employee needs.

For further assistance with development of this and other policies and programs, please contact your local [Safety Consultant](https://info.bwc.ohio.gov/wps/portal/bwc/site/safety/resources/safety-programs-services-resources/), or call 1-800-644-6292. Your workers’ compensation policy includes a wide range of services for all industries including [Safety Consultations](https://info.bwc.ohio.gov/wps/portal/bwc/site/safety/resources/safety-programs-services-resources/), [Safety Education & Training](https://info.bwc.ohio.gov/wps/portal/bwc/site/safety/resources/safety-programs-services-resources/), and the [BWC Safety & Video Library](https://info.bwc.ohio.gov/wps/portal/bwc/site/safety/resources/safety-programs-services-resources/) at no additional cost.

The Ohio Bureau of Workers’ Compensation (BWC) provides this document to assist you in your risk reduction efforts. This document may not address all the actions necessary to ensure compliance with federal, state or local laws, regulations, codes, and standards. Use of the information in this document does not guarantee you have satisfied all legal obligations.

BWC does not make any representation or warranty, express or implied, that your workplace is safe, free of occupational hazards or in compliance with all applicable laws, regulations, codes, or standards. BWC encourages you to conduct periodic workplace inspections and review written programs regularly.  BWC does not endorse any specific companies or products mentioned for illustrative purposes in the document.

**Personal Protective Equipment Program**

**PURPOSE - 1910.132**

This is a written Personal Protective Equipment (PPE) program for Employer Name that follows the Occupational Safety and Health Administration (OSHA) PPE standards in 29 CFR 1910.132 – 1910.138. The purpose of this program is to describe job tasks assessments and proper PPE selection.

**SCOPE - 1910.132(a)**

The Personal Protective Equipment (PPE) program informs employees about the following:

**A. Program Administration**

**B.  Program Specific Elements** (Hazard Assessment)

**C. Information and Training**

**D.  Program Evaluation/Schedule**

**Attachments**

**A. PROGRAM ADMINSTRATION & RESPONSIBILITIES**

The Job Title coordinates this PPE program for Employer Name and may assign program duties to proper personnel and ensure they understand their responsibilities. Supervisors implement the program in specific work areas and ensure employees follow the program and the training they receive.

The Job title ensures that:

1. all tasks have a completed hazard assessment that identifies risk factors requiring the use of PPE,
2. all hazard assessments receive a periodic review,
3. employees receive or have access to appropriate PPE based upon task hazard assessments,
4. all PPE has a safe design and construction for the assigned work, and
5. all affected employees receive training.

The Job Title may assign program duties to proper personnel. The following personnel have specific responsibilities for administering aspects of this program:

List all responsible parties and specific responsibilities here. Example: employees responsible for conducting task hazard assessments.

Note: Responsibilities for Employee-owned equipment. 1910.132(b) Where employees provide their own protective equipment, Employer Name supervisors assure its adequacy, proper maintenance, and sanitation.

**B.** **PROGRAM SPECIFIC ELEMENTS 1910.132(d)**

Hazard Assessments \* Attachment A

Supervisors, with the help of lead workers, should complete **Attachment A - Hazard Assessment** for all assigned job tasks. The identified hazardous tasks require the use of PPE. All affected employees have access to appropriate PPE. Supervisors or lead workers ensure each employee uses assigned PPE and that it fits properly.

Employer: Create a list, spreadsheet or database of all departments, jobs, tasks, and processes and the approved PPE for each.

Risk factors identified in our workplace during the hazard assessment include:

1. Impact/Collision (i.e. sources of motion hazards) - Identify processes where the movement of tools, machine elements, etc. may injure employees.
2. Penetration - Identify sources which may expose employees to penetration hazards.
3. Compression (i.e. rollover-type hazards) - Identify rolling or pinching sources which typically involve the feet or hands.
4. Chemical - Identify types of chemical exposures which may cause external and internal bodily damage.
5. Heat - Identify high temperature sources that could result in burns, eye injury or ignition of clothing, PPE, etc.
6. Harmful Dust - Identify sources of dust hazards which could result in injury to the respiratory system or pose other systemic hazards.
7. Light (Optical) Radiation - Identify sources of light radiation which could result in injury to the eyes and/or other exposed areas of the body.

**Hazard Assessment Certification** **[1910.132(d)(2)](https://www.osha.gov/laws-regs/interlinking/standards/1910.132(d)(2))** \*Attachment A

Employer name certifies the completion of required workplace hazard assessments for each job, task, and process by the Job Title.

Contractors

Job Title coordinates the communication process for contractors and ensure contractors follow all PPE requirements. Job Title may request, review, or perform hazard assessments for all high-risk work contractors conduct to ensure contractors and/or sub-contractors supply proper PPE and that affected employees use and maintain required PPE. Job Title(s) trains contract personnel such as temporary labor, vendors, and guests as needed. The Job Title documents all contractor communications.

**C.** **INFORMATION & TRAINING – 1910.132(f)** \*Attachment B

All employees receive information and training in use of Personal Protective Equipment (PPE) at the time of hire, initial assignment to their work area, before non-routine tasks, whenever a new hazard is introduced, or jobs, tasks, or processes change.

Supervisors provide employee information and training that includes:

1. When PPE is necessary
2. What PPE is necessary;
3. How to properly don, doff, adjust, and wear PPE;
4. The limitations of the PPE; and,
5. The proper care, maintenance, useful life, and disposal of the PPE.

Employer Name ensures each affected employee understands the training and demonstrates the ability to use PPE properly. Where an affected employee shows lack of understanding or skill required to properly use the PPE, Employer Name retrains that employee. The Job Title documents all training and keeps sign-in sheets.

Instances requiring retraining include:

1. Changes in the workplace, jobs, task, or processes,
2. Changes in the type(s) of PPE
3. Employee shows lack of understanding or improper PPE use

**D. PROGRAM EVALUATION & UPDATES**

We conduct [time period] reviews of the Employer Name written Personal Protective Equipment program to ensure continued compliance with federal regulations and our internal requirements to assure quality and effectiveness.

This review includes:

1. Employee understanding and use of personal protective equipment.
2. Assessments or re-assessments of the workplace, conditions, equipment, or procedures that could affect occupational hazards.
3. Injury and/or illness records, program or process deficiencies, and corrective action plans.

The Job Title keeps the findings of the review and the plans to correct deficiencies in the program.

**ATTACHMENTS**

Included here are forms, definitions, inventory, logs, maps, training documents, policy review sign offs, action plans, sample docs, corrective action, etc.

Attachment A — Hazard Assessment Sample Checklist & Certification Form (link pending)

Attachment B — Training Sign Off (link pending)

Additional Resources – (link pending)