

Example PPE assessment



for guidance purposes only in order to help you carry out your own PPE assessments.

STEP 1

Company Any Leisure Centre	Department Leisure
Date of assessment 23/1/12	Section Leisure Management Team
Performed by John Smith	Location Main Plant Room
Work details Transfer of calcium hypochlorite pellets from delivery container to dosing hopper.	Work duration 10 mins
	Work frequency Daily

STEP 2

Control measures
Only qualified PPO's are permitted to carry out this task. Area is reasonably well ventilated.

Reason for using RPE

Residual risk	<input checked="" type="checkbox"/>
Short duration work	<input checked="" type="checkbox"/>
Emergency escape	<input type="checkbox"/>
Interim measure	<input type="checkbox"/>
Emergency work/rescue	<input type="checkbox"/>

Confined space working

	Unsure	No	Yes
Confined space?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Risk of oxygen deficiency?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Substance release?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Seek specialist advice ←

Go to **STEP 3**

Comply with Confined Spaces Regulations. Use only breathing apparatus with PF of 40, unless a higher PF is indicated in **STEP 3**

STEP 3

Substance	Risk phrase	HHG	Amount	Dust/Vol	PF
Calcium Hypochlorite	R8 Contact with combustible material may cause fire. R22 Harmful if swallowed. R31 Contact with acids liberates toxic gas. R34 Causes burns. R50 Very toxic to aquatic organisms.	C	Medium	High	20
Highest PF required					20

STEP 4

Task related factors

Light	Work rate Heavy, Medium, Light Wear time > 1hr, < 1hr Abnormal temperature or humidity Power tools used, list below	No	Clarity of vision critical Clarity of communication critical Congested work area Potentially explosive area Mobility critical
< 1hr		No	
No		No	
No		No	
No		No	

User's name John Doe

Wearer related factors

No	Headgear (turban etc)	No	Spectacles or contact lenses worn Eye, head, ear or facial protection Medical condition: seek medical advice
No	Facial hair	Yes	
No	Facial markings	No	

Select RPE using this information and **PART 2**, or show this form to your supplier/specialist advisor. Involve the wearer and provide a choice of RPE.

RPE selected BA type:
Respirator type: Half mask respirator Filter: P3

STEP 5 Fit test tight fitting RPE, and implement RPE use in the workplace

Signature of assessor: John Smith