PERSONAL PROTECTIVE EQUIPMENT

Toolbox Talks are intended to facilitate health and safety discussions on the job site.

Personal Protective Equipment (PPE) means all equipment (including clothing providing protection against the weather) which is intended to be worn or held by a person at work and which protects them against one or more *risks* to their health or safety. Examples include safety helmets, gloves, eye protection, high-visibility clothing, safety footwear, safety harnesses waterproof/weather proof and insulated clothing.

The main purpose of PPE is to protect employees from risk of injury. According to the ***hierarchy of controls***, PPE should only be used as a last resort or in combination with other ***risk control measures*** and it is vital that PPE is issued in conjunction with adequate training.

Key Points to consider are:

- ✓ You have a legal duty to wear any PPE provided by your employer and they have a duty to see that you do.
- ✓ You must wear and use the PPE in the way it was intended – therefore it must fit you. If it doesn't - report it.
- ✓ PPE must be suitable for the risk and the job in hand – if it's not – report it.
- ✓ PPE must not itself create a new risk – if it does – report it.
- ✓ You have a duty to take care of the PPE and not abuse it.
- ✓ You have no right to take the PPE off your work premises unless your employer says you can. Otherwise you must return it to the appropriate storage place after use.
- ✓ If you are unsure about how to use PPE (e.g. respirators, hearing protection or fall protection equipment) ask for training first. Your Employer must ensure you are adequately trained.
- ✓ If there is anything wrong with the PPE provided e.g., worn out, broken, missing, in need of maintenance or cleaning etc, you must report it.

Toolbox Attendance

Questions? _____

_____

Concerns? _____

_____

Days since Last Incident: _____

Supervisor/Meeting Leader: _____ Date: _____

Signatures of attendees:

Manager review comments:

_____

_____

_____

_____

_____

_____

Manager signature: _____ Date of Review:_____