

## COMPANY INFORMATION

Company Name:	Guy's Construction
Address:	123 Main Street, Anytown, CA 90210
State of Operations:	California
Primary Trade:	General Contractor
Number of Employees:	12
Safety Program Administrator:	
Title:	Safety Director
Plan Effective Date:	June 08, 2026
Next Annual Review Date:	June 08, 2027

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Safety Administrator Signature / Date

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Owner or Authorized Representative / Date

## SECTION 1 - POLICY STATEMENT AND PURPOSE

Guy's Construction is committed to providing a safe and healthy workplace for all employees. Personal Protective Equipment (PPE) is one element of our overall hazard control program. PPE is used when engineering and administrative controls are not sufficient to eliminate or adequately reduce hazards to acceptable levels.

This PPE Compliance Plan establishes the requirements for hazard assessment, PPE selection, proper fit, training, inspection, maintenance, and recordkeeping in accordance with 29 CFR 1926.95 (construction) and 29 CFR 1910.132 Subpart I (general requirements).

This plan applies to all employees, subcontractors, and visitors on company-controlled job sites.

### Regulatory Basis

- 29 CFR 1926.95 - PPE in construction (fit requirement effective January 13, 2025)
- 29 CFR 1910.132 - General PPE requirements, hazard assessment, written certification
- 29 CFR 1926.100 - Head protection
- 29 CFR 1926.102 - Eye and face protection
- 29 CFR 1926.96 - Foot protection
- 29 CFR 1926.502(d) - Personal fall arrest systems
- 29 CFR 1910.134 - Respiratory protection program
- 29 CFR 1910.95 - Hearing conservation program
- 29 CFR 1910.138 - Hand protection
- NFPA 70E - Electrical safety in the workplace (arc flash PPE)

## SECTION 2 - WRITTEN HAZARD ASSESSMENT AND CERTIFICATION

Per 29 CFR 1910.132(d)(1), the employer must assess the workplace to determine if hazards are present or likely to be present that necessitate the use of PPE. Per 1910.132(d)(2), a written certification must document the assessment.

### Applicable Regulatory Requirements (from Ontology)

- (b): appropriate personal protective equipment and training in exposure control methods
- 437-003-0134(3)(a)(A): When PPE is necessary
- §1671.1(a): greater hazard

- Table 1 (v): None
- Cal/OSHA T8 CCR §1671.1(a)(5): documentation of the reasons why conventional fall protection systems (guardrails, personal fall arrest systems, or safety nets) are infeasible or create greater hazard
- Section 3(c)(iii): a written report within fifteen (15) working days of the spill (for contained spills >=10 barrels)

**Hazard Categories Identified for This Operation**

- Impact hazards:** Falling objects, flying debris from grinding/nailing/demolition
- Penetration hazards:** Sharp objects, nails, reinforcing steel, concrete aggregate
- Chemical hazards:** Concrete/cement caustic pH, form release agents, adhesives, solvents
- Electrical hazards:** Overhead power lines, temporary wiring, energized equipment
- Fall hazards:** Elevated work platforms, floor openings, excavation edges, ladders
- Noise hazards:** Power tools, compactors, generators, heavy equipment operation
- Dust/airborne hazards:** Silica from concrete/masonry cutting; wood dust; insulation fibers
- Temperature extremes:** Heat illness risk in outdoor summer operations; cold stress in winter
- Hazardous material exposure:** On-site materials: N, o, n, e

**Hazard Assessment Certification (Required by 1910.132(d)(2))**

This certifies that the above hazard assessment was conducted for the workplaces identified herein.

**Workplace(s) Assessed:** 123 Main Street, Anytown, CA 90210  
**Assessment Conducted By:**  
**Date of Assessment:** \_\_\_\_\_

\_\_\_\_\_  
 Assessor Signature / Date

**SECTION 3 - PPE SELECTION MATRIX**

The following matrix identifies required PPE by hazard category and work task. PPE selected must properly fit each employee per 29 CFR 1926.95(c) (effective January 13, 2025). Employees shall not use PPE that does not properly fit.

PPE TYPE	WHEN REQUIRED	REQUIRED EQUIPMENT / STANDARD	CITATION
<b>Head protection</b>	All work areas with overhead hazards, excavations, aerial work	Hard hat, ANSI Z89.1 Type I or II, Class E	1926.100(a)
<b>Eye / face protection</b>	Grinding, cutting, chipping, nailing, chemical handling, sawing	Safety glasses ANSI Z87.1; face shield for grinding/chemicals	1926.102(a)(1)
<b>Foot protection</b>	All construction site work	Safety-toe boots, ANSI Z41 / ASTM F2413	1926.96
<b>High-visibility clothing</b>	Work near vehicle traffic, road work, crane/heavy equipment zones	Class 2 or 3 ANSI/ISEA 107 vest or garment	1926.201 / MUTCD
<b>Hand protection</b>	Material handling, tool use, chemical contact	Cut-resistant or work gloves; chemical gloves for hazmat	1910.138
<b>Fall protection harness</b>	Work at or above 6 feet (federal) / 7.5 feet (Cal/OSHA)	Full-body harness ANSI Z359.1; inspect before each use	1926.502(d)
<b>Hearing protection</b>	Operations exceeding 85 dB 8-hr TWA	Earplugs or muffs; NRR rated for exposure level	1910.95(i)

PPE TYPE	WHEN REQUIRED	REQUIRED EQUIPMENT / STANDARD	CITATION
<b>Chemical protective equipment</b>	Handling or exposure to hazardous materials	Splash goggles, chemical gloves (nitrile/neoprene), apron as applicable per SDS	1910.132(d) / 1910.138

## SECTION 4 - PPE FIT ASSESSMENT PROCEDURE

Per 29 CFR 1926.95(c) (effective January 13, 2025), employers must ensure PPE properly fits each employee. Improperly fitting PPE can itself create hazards (e.g., loose sleeves near rotating equipment, ill-fitting harnesses that fail under load). The following procedure applies to all PPE issued or used by employees of this company.

### Regulatory Basis

- Section 1514(f): to ensure that it properly fits each affected employee
- Cal/OSHA T8 CCR §1514(f): selected to ensure that it properly fits each affected employee
- Texas RRC Chapter 3 (E)(ii): reservoir market demand for December 1993 for all wells that are not administrative special allowable wells for March 1994, subtracted from the production reported for December 1993 for those wells
- OAC 165:10: single or double axle vehicle with a permanently attached tank that shall not exceed 100 barrels

### Fit Assessment Steps

1. Before issuing any PPE, the supervisor or safety administrator shall ensure the appropriate size is available.
2. Each employee shall physically try on or adjust PPE before first use and after any equipment change.
3. PPE must not restrict movement, impair vision, or create additional hazards.
4. Hard hats: headband adjusted so hat sits level, 1-inch clearance between shell and head.
5. Safety harnesses: dorsal D-ring centered between shoulder blades; leg straps snug but not restricting circulation.
6. Respirators: fit test required per 1910.134(f) before first use and annually thereafter.
7. Safety glasses and face shields: frames must sit flush against face; no gaps at temples.
8. Hearing protection: plugs inserted per manufacturer instructions; muffs seated fully over ears.
9. Document fit assessment on the PPE Fit Assessment Log (Section 9 of this plan).
10. If proper fit cannot be achieved with available inventory, order appropriate sizes before employee begins work.

## SECTION 5 - EMPLOYEE TRAINING REQUIREMENTS

Per 29 CFR 1910.132(f), the employer shall provide training to each employee required to use PPE. Training must be provided before the employee uses PPE in the workplace.

### Training Requirements (from Ontology)

- 29 CFR 1910.132(h): employer shall provide PPE at no cost to employees (with limited exceptions for safety-toe shoes and prescription eyewear)
- 29 CFR 1910.132(d)(1): employer shall assess workplace for hazards requiring PPE and select/require appropriate PPE
- 29 CFR 1910.132(d)(2): 29 CFR 1910.132(d)(2)
- 16.B.03.b(6): 5 years from date of issuance
- 10 CFR 50.34(a)(8): those structures, systems, or components of the facility which require research and development to confirm the adequacy of their design

### Required Training Topics

- When PPE is necessary
- What PPE is necessary for specific tasks
- How to properly don, doff, adjust, and wear PPE
- Limitations of PPE
- Proper care, maintenance, useful life, and disposal

- How to determine proper fit and what to do if PPE does not fit properly
- When to remove PPE from service
- Emergency procedures while wearing PPE

### Retraining

Retraining is required when: (1) an employee does not demonstrate understanding of PPE training; (2) changes in the workplace render previous training obsolete; (3) new PPE is introduced. (29 CFR 1910.132(f)(3))

## SECTION 6 - INSPECTION, MAINTENANCE, AND REMOVAL FROM SERVICE

### Pre-Use Inspection Requirements

<b>Hard hats:</b>	Check shell for cracks, dents, deformation; check suspension for fraying or broken straps. Replace after any impact even if no visible damage.
<b>Safety harnesses:</b>	Inspect webbing for cuts, fraying, chemical damage, heat damage; check buckles and D-rings for deformation; inspect stitching. Remove from service immediately after any fall arrest event.
<b>Safety glasses:</b>	Check lenses for scratches that impair vision; check frames for warping. Replace damaged lenses immediately.
<b>Gloves:</b>	Inspect for cuts, holes, or chemical permeation. Chemical gloves must be inspected inside and out.
<b>Safety boots:</b>	Check for sole separation, steel toe exposure, or chemical degradation. Replace when protective properties are compromised.
<b>Hearing protection:</b>	Replace foam plugs after each use. Inspect muffs for cracked or hardened cushions; replace cushion sets annually or when damaged.
<b>Respirators:</b>	Inspect per 1910.134(h): check straps, facepiece, valves, cartridges. Conduct user seal check before each use.

### Defective Equipment Policy

Per 29 CFR 1910.132(e), defective or damaged PPE shall not be used. Any PPE found to be defective during inspection shall be: (1) immediately removed from service; (2) tagged 'DO NOT USE' and segregated from serviceable equipment; (3) logged on the Defective PPE Removal Log (Section 10 of this plan); (4) repaired by manufacturer-approved methods or replaced.

## SECTION 7 - SUBCONTRACTORS AND VISITORS

All subcontractors working on company-controlled job sites are required to comply with this PPE plan or their own equivalent written plan. Subcontractors must demonstrate compliance before commencing work.

Visitors must be provided appropriate PPE (at minimum: hard hat and safety glasses) before entering any active construction area. Visitors must be escorted at all times.

**SECTION 8 - ANNUAL REVIEW AND PLAN UPDATE**

This PPE Compliance Plan shall be reviewed annually or when any of the following occur: (1) new work activities are added that may introduce new hazards; (2) new PPE is introduced; (3) an incident occurs involving PPE failure or improper use; (4) OSHA standards are revised.

**Last Review Date:** \_\_\_\_\_

**Next Review Date:** \_\_\_\_\_

**Reviewed By:** \_\_\_\_\_

\_\_\_\_\_  
Safety Administrator Signature / Date

Monday Safety — Sample Document









**SECTION 13 - SITE-SPECIFIC HAZARD ASSESSMENT CERTIFICATION FORM**

Complete a separate form for each job site or major scope change. This form satisfies the written certification requirement of 29 CFR 1910.132(d)(2).

**Job Site Name / Address:** \_\_\_\_\_

**Project Number:** \_\_\_\_\_

**Primary Trade / Activities:** \_\_\_\_\_

**Assessment Conducted By:** \_\_\_\_\_

**Assessment Date:** \_\_\_\_\_

**PPE Required (from matrix above):** \_\_\_\_\_

**Hazards Identified at This Site (check all that apply)**

- |   |  |
|---|--|
| <input type="checkbox"/> Impact / falling objects     | <input type="checkbox"/> Flying debris / particles |
| <input type="checkbox"/> Chemical exposure            | <input type="checkbox"/> Electrical hazards        |
| <input type="checkbox"/> Fall hazards (height: _____) | <input type="checkbox"/> Noise > 85 dB             |
| <input type="checkbox"/> Silica / airborne dust       | <input type="checkbox"/> Welding fumes             |
| <input type="checkbox"/> Confined space entry         | <input type="checkbox"/> Extreme temperatures      |
| <input type="checkbox"/> Sharps / penetration         | <input type="checkbox"/> Other: _____              |

I certify that this workplace has been assessed for hazards that necessitate the use of PPE.

\_\_\_\_\_  
Assessor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Review Signature

\_\_\_\_\_  
Date

**SITE-SPECIFIC HAZARD ASSESSMENT CERTIFICATION FORM (ADDITIONAL COPY)**

Job Site Name / Address: \_\_\_\_\_  
Project Number: \_\_\_\_\_  
Primary Trade / Activities: \_\_\_\_\_  
Assessment Conducted By: \_\_\_\_\_  
Assessment Date: \_\_\_\_\_

**Hazards Identified (check all that apply)**

- |   |  |
|---|--|
| <input type="checkbox"/> Impact / falling objects     | <input type="checkbox"/> Flying debris / particles |
| <input type="checkbox"/> Chemical exposure            | <input type="checkbox"/> Electrical hazards        |
| <input type="checkbox"/> Fall hazards (height: _____) | <input type="checkbox"/> Noise > 85 dB             |
| <input type="checkbox"/> Silica / airborne dust       | <input type="checkbox"/> Welding fumes             |
| <input type="checkbox"/> Confined space entry         | <input type="checkbox"/> Extreme temperatures      |
| <input type="checkbox"/> Sharps / penetration         | <input type="checkbox"/> Other: _____              |

I certify that this workplace has been assessed for hazards that necessitate the use of PPE.

\_\_\_\_\_  
Assessor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Review Signature

\_\_\_\_\_  
Date

Monday Safety — Sample Document

**SITE-SPECIFIC HAZARD ASSESSMENT CERTIFICATION FORM (ADDITIONAL COPY)**

Job Site Name / Address: \_\_\_\_\_  
 Project Number: \_\_\_\_\_  
 Primary Trade / Activities: \_\_\_\_\_  
 Assessment Conducted By: \_\_\_\_\_  
 Assessment Date: \_\_\_\_\_

**Hazards Identified (check all that apply)**

- |   |  |
|---|--|
| <input type="checkbox"/> Impact / falling objects     | <input type="checkbox"/> Flying debris / particles |
| <input type="checkbox"/> Chemical exposure            | <input type="checkbox"/> Electrical hazards        |
| <input type="checkbox"/> Fall hazards (height: _____) | <input type="checkbox"/> Noise > 85 dB             |
| <input type="checkbox"/> Silica / airborne dust       | <input type="checkbox"/> Welding fumes             |
| <input type="checkbox"/> Confined space entry         | <input type="checkbox"/> Extreme temperatures      |
| <input type="checkbox"/> Sharps / penetration         | <input type="checkbox"/> Other: _____              |

I certify that this workplace has been assessed for hazards that necessitate the use of PPE.

\_\_\_\_\_  
 Assessor Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Supervisor Review Signature

\_\_\_\_\_  
 Date

**SECTION 14 -- RESPIRATOR FIT TEST REQUIREMENTS AND LOG**

Respirator fit testing is a separate and mandatory requirement under 29 CFR 1910.134(f). A PPE fit assessment under 1926.95 does NOT satisfy the fit test requirement for respirators. Tight-fitting respirators (half-face, full-face, powered air-purifying) require a formal fit test before first use and annually thereafter.

**Medical Evaluation Requirement (1910.134(e))**

Before any employee is fit tested or required to use a respirator, the employer must provide a medical evaluation to determine fitness. This must be done using the OSHA Medical Evaluation Questionnaire (Appendix C to 1910.134) or an equivalent evaluation by a PLHCP (Physician or Licensed Health Care Professional). Medical clearance must be documented and on file before fit testing begins. (29 CFR 1910.134(e)(1))

**Fit Test Types**

Qualitative Fit Test (QLFT):

- Pass/fail method using the wearer's sensory response to a test agent (saccharin, Bitrex, irritant smoke, or isoamyl acetate)
- Acceptable for half-face respirators with APF up to 10 only
- Must be performed by a trained fit test technician

Quantitative Fit Test (QNFT):

- Uses specialized equipment to measure actual particle concentrations inside the facepiece
- Required for full-face respirators and all respirators with APF > 10

