



## PALM BEACH STATE COLLEGE PERSONAL PROTECTIVE EQUIPMENT (PPE) JOB HAZARD ASSESSMENT

<b>Department:</b> Facilities	<b>Campus:</b> All
<b>Task:</b> Apply Pesticides, Herbicides, Fungicides, Fertilizers	
<b>Job Title(s) Performing Task:</b> Groundskeeper	

*Reviewed by Sal Vacirca, Campus & Offsite Facilities Manager, July 30, 2015*

Task Step/Sub-Tasks	Hazard(s)	Recommended PPE (Bolded)/Controls
1. Consult the product label and Safety Data Sheet to determine the hazards it may pose and any required PPE.	To be determined from reading the product label and the Safety Data Sheet	Depending upon the particular hazard, wear appropriate PPE.
2. Apply the product in accordance with the label instructions.	Chemical exposure	Wear <b>long trousers</b> and <b>long-sleeve shirts</b> .
		Wear <b>safety glasses</b> .
		Wear <b>work gloves</b> .
	Ergonomics (back or other strain from lifting/carrying product containers or product applicator)	Wear <b>filtering facepiece respirator (particulate mask)</b> or <b>air-purifying respirator with appropriate cartridge</b> , if required by the label instructions or Safety Data Sheet.
		Lifting/Back Safety training
3. Dispose of product residuals or empty product container in accordance with the label instructions.	Chemical exposure	Do stretching and warm-up exercises before starting work.
		Wear <b>long trousers</b> and <b>long-sleeve shirts</b> .
		Wear <b>safety glasses</b> .
		Wear <b>work gloves</b> .

**NOTE:** Basic hazard categories include – **impact** (falling/flying objects, struck by), **falls from height**, **penetration** (sharp objects piercing foot/hand, other body parts), **compression** (roll-over or pinching), **cuts, burns, chemical exposure** (inhalation, ingestion, skin contact, eye contact or injection), **heat, extreme cold, harmful dust, noise, light (optical) radiation** (welding, brazing, cutting, furnaces, etc.), **ionizing radiation, non-ionizing (RF energy) radiation, electrical shock, ergonomics** (includes back strain or other strain due to lifting/stretching) and **biologic**.



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**CERTIFICATION:** I certify that I have personally performed the above Job Hazard Assessment on the date indicated below. *This document is a Certification of the Hazard Assessment required by 29 CFR 1910.132(d)(2).*

Larry L. Leskovjan	<i>Larry L. Leskovjan</i>	July 30, 2015
<b>Printed Name</b>	<b>Signature</b>	<b>Date</b>