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| Peak Safety USA LLC | HSE Project Management Audits | | |
| Date of Audit: |  | Dunham Price Group | Business Unit/LLC |
| PPE Hand Safety |  | Safety Tech: |  |
| Revision Date 8/3/13 |  |  |
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|  | Personal Protective Equipment – Hand Safety | **Yes** | **No** | **N/A** | **Comments** |
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| 1 | Has a JSA been conducted to identify the hazards that require the use of hand PPE |  |  |  |  |
| 2 | Does the JSA address absorption of chemicals, cuts, lacerations, high pressure water or air, abrasions, punctures, chemical or thermal burns, use of hand tools or electric tools? |  |  |  |  |
| 3 | Based on the hazards, has the appropriate hand PPE been selected for the appropriate individual? |  |  |  |  |
| 4 | Are employees aware of the hazard selection process and the required hand PPE? |  |  |  |  |
| 5 | Is the appropriate hand selected hand PPE available for employees? |  |  |  |  |
| 6 | Do the employees utilize the selected hand PPE? |  |  |  |  |
| 7 | DO supervisors/ managers enforce the use of the appropriate hand PPE? |  |  |  |  |
| 8 | Are drivers/equipment operators using the appropriate PPE for cleaning/washing trucks/equipment/handling chutes, performing mechanical or maintenance tasks on trucks/equipment? |  |  |  |  |
| 9 | Are mechanics utilizing the proper hand PPE when handling, installing or removing parts that could result in cuts, lacerations or pinch points? |  |  |  |  |
| 10 | When hand PPE is worn or damaged, is replacement PPE readily available? |  |  |  |  |
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| **Name of Auditor:** | **Signature:** | **Date:** |
| LLC Site Manager/Person Responsible for compressed gas cylinders | Signature: | Date: |

**Actions Identified**

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| **Observation / Concern** | **Action Required** | **Priority** | **Responsible Person** | **Completion** | **Initials** |
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| **A**: Immediate action required | **B**: Action required within 24hrs | **C**: Action required within 48hrs | **D**: Action required within 1 week |