

**ADMINISTRATIVE
DIRECTIVE**

Administrative Directive Title: Personal Protective Equipment	AD Number: 3.201.3	Adopted: June 2007 Former Descriptor: BO11
Policy References: Board Policy 3.201 – Safety	Revised: 2/11; 2/14; 9/18; 11/24	

1 This procedure outlines the proper use and maintenance of Personal Protective Equipment (PPE)
 2 in compliance with the Tennessee Occupational Safety and Health Administration (TOSHA)
 3 standards to ensure the safety and health of all employees. This procedure applies to all employees
 4 who are required to wear PPE as part of their duties, including those in instructional, maintenance,
 5 custodial, and other relevant roles.

6 Supervisors are responsible for conducting hazard assessments to identify the need for PPE in
 7 specific tasks or environments. PPE may include items such as gloves, safety goggles, face shields,
 8 respirators, hearing protection, and safety footwear. The school district will provide employees
 9 with the necessary PPE at no cost, ensuring that it meets TOSHA standards for safety and
 10 effectiveness.

11 Employees are required to wear the assigned PPE whenever performing tasks that require it or
 12 when working in designated PPE-required areas. PPE must be used as instructed and in accordance
 13 with training provided. Employees are responsible for inspecting PPE before each use and
 14 reporting any damage or wear to their supervisor. Defective or damaged PPE should not be used
 15 and must be replaced immediately. PPE must be cleaned, maintained, and stored according to the
 16 manufacturer’s instructions to ensure it remains effective. Employees must store PPE in a
 17 designated area to prevent damage or contamination.

18 All employees required to use PPE will receive training on the proper selection, use, maintenance,
 19 and limitations of the equipment. Training will also cover recognizing hazards and understanding
 20 when PPE is necessary.

21 Any employee who fails to wear or maintain required PPE may be subject to corrective action in
 22 accordance with the school district’s safety policies.

23 Employees are required to sign an acknowledgment form upon receiving their assigned PPE. This
 24 form will confirm that the employee has received the equipment, understands its use, and has been
 25 trained in its application. A copy of the acknowledgment form will be maintained in the
 26 employee’s personnel file, and the original will be kept by the employee for reference.

Legal References
 Tennessee Occupational Safety and Health Act of
 1972 (TOSHA)



Personal Protective Equipment Acknowledgment of Receipt Form

I, _____ (Employee Name), acknowledge that I have received the following Personal Protective Equipment (PPE) for my assigned duties:

PPE Item	Quantity	Date Issued
_____	_____	_____
_____	_____	_____
_____	_____	_____

By signing below, I confirm that:

1. Receipt of PPE:
 - I have received all necessary PPE for my position, as outlined above, in proper working condition.
 - I understand that it is my responsibility to use this PPE when required, and I will follow all training and instructions for its correct use.
2. Training:
 - I have been trained on the proper selection, use, maintenance, and storage of PPE in accordance with TOSHA standards.
 - I understand the specific hazards associated with my role and the importance of wearing PPE to protect my health and safety.
3. Maintenance and Reporting:
 - I am responsible for inspecting my PPE before each use and ensuring it remains in good condition.
 - I will immediately report any damage, defects, or issues with my PPE to my supervisor, and I understand that I must not use defective equipment.
4. Compliance with Administrative Directive 3.201.3:
 - I have read and understand Administrative Directive 3.201.3, which outlines the requirements for Personal Protective Equipment and associated safety procedures within the organization.
 - I understand that it is my responsibility to adhere to the directive and any related policies, and failure to comply with these guidelines may result in disciplinary action.

I am aware that failure to properly use or maintain the provided PPE can result in personal injury or illness, and may lead to corrective or disciplinary measures, up to and including termination. I recognize that I play a critical role in ensuring my own safety and the safety of others in my work environment by following all PPE guidelines and directives.

Employee Signature: _____ **Date:** _____

Supervisor Signature: _____ **Date:** _____