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	PERSONAL PROTECTIVE EQUIPMENT	BTS MS	Page 1 on 4


PPE – PERSONAL PROTECTIVE EQUIPMENT:

A) What is PPE?

Personal protective equipment, or PPE, protects workers from serious workplace injuries or illnesses resulting from physical, electrical, mechanical, chemical, or other workplace hazards. PPE is required for many maintenance activities. Both employers and employees have responsibilities for maintaining a safe work environment.


http://www.mnltap.umn.edu/topics/workplace/personal_protection_equipment/index.html



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For each PPE, make a sentence using a modal auxiliary.

PPE N°1	<input type="checkbox"/> YOU <input type="checkbox"/> AN OBJECT <input type="checkbox"/> A MACHINE		<input type="checkbox"/> RECEIVE <input type="checkbox"/> NOT BE <input type="checkbox"/> CUT <input type="checkbox"/> FALL <input type="checkbox"/> MAKE <input type="checkbox"/> BREATHE	<input type="checkbox"/> PARTICLES <input type="checkbox"/> ON YOUR FEET <input type="checkbox"/> A LOT OF NOISE <input type="checkbox"/> ON YOUR HEAD <input type="checkbox"/> YOUR HAND <input type="checkbox"/> VISIBLE <input type="checkbox"/> YOUR LEGS
PPE N°2	<input type="checkbox"/> YOU <input type="checkbox"/> AN OBJECT <input type="checkbox"/> A MACHINE		<input type="checkbox"/> RECEIVE <input type="checkbox"/> NOT BE <input type="checkbox"/> CUT <input type="checkbox"/> FALL <input type="checkbox"/> MAKE <input type="checkbox"/> BREATHE	<input type="checkbox"/> PARTICLES <input type="checkbox"/> ON YOUR FEET <input type="checkbox"/> A LOT OF NOISE <input type="checkbox"/> ON YOUR HEAD <input type="checkbox"/> YOUR HAND <input type="checkbox"/> VISIBLE <input type="checkbox"/> YOUR LEGS
PPE N°3	<input type="checkbox"/> YOU <input type="checkbox"/> AN OBJECT <input type="checkbox"/> A MACHINE		<input type="checkbox"/> RECEIVE <input type="checkbox"/> NOT BE <input type="checkbox"/> CUT <input type="checkbox"/> FALL <input type="checkbox"/> MAKE <input type="checkbox"/> BREATHE	<input type="checkbox"/> PARTICLES <input type="checkbox"/> ON YOUR FEET <input type="checkbox"/> A LOT OF NOISE <input type="checkbox"/> ON YOUR HEAD <input type="checkbox"/> YOUR HAND <input type="checkbox"/> VISIBLE <input type="checkbox"/> YOUR LEGS
PPE N°4	<input type="checkbox"/> YOU <input type="checkbox"/> AN OBJECT <input type="checkbox"/> A MACHINE		<input type="checkbox"/> RECEIVE <input type="checkbox"/> NOT BE <input type="checkbox"/> CUT <input type="checkbox"/> FALL <input type="checkbox"/> MAKE <input type="checkbox"/> BREATHE	<input type="checkbox"/> PARTICLES <input type="checkbox"/> ON YOUR FEET <input type="checkbox"/> A LOT OF NOISE <input type="checkbox"/> ON YOUR HEAD <input type="checkbox"/> YOUR HAND <input type="checkbox"/> VISIBLE <input type="checkbox"/> YOUR LEGS
PPE N°5	<input type="checkbox"/> YOU <input type="checkbox"/> AN OBJECT <input type="checkbox"/> A MACHINE		<input type="checkbox"/> RECEIVE <input type="checkbox"/> NOT BE <input type="checkbox"/> CUT <input type="checkbox"/> FALL <input type="checkbox"/> MAKE <input type="checkbox"/> BREATHE	<input type="checkbox"/> PARTICLES <input type="checkbox"/> ON YOUR FEET <input type="checkbox"/> A LOT OF NOISE <input type="checkbox"/> ON YOUR HEAD <input type="checkbox"/> YOUR HAND <input type="checkbox"/> VISIBLE <input type="checkbox"/> YOUR LEGS
PPE N°6	<input type="checkbox"/> YOU <input type="checkbox"/> AN OBJECT <input type="checkbox"/> A MACHINE		<input type="checkbox"/> RECEIVE <input type="checkbox"/> NOT BE <input type="checkbox"/> CUT <input type="checkbox"/> FALL <input type="checkbox"/> MAKE <input type="checkbox"/> BREATHE	<input type="checkbox"/> PARTICLES <input type="checkbox"/> ON YOUR FEET <input type="checkbox"/> A LOT OF NOISE <input type="checkbox"/> ON YOUR HEAD <input type="checkbox"/> YOUR HAND <input type="checkbox"/> VISIBLE <input type="checkbox"/> YOUR LEGS

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PPE N°7	<input type="checkbox"/> YOU <input type="checkbox"/> AN OBJECT <input type="checkbox"/> A MACHINE		<input type="checkbox"/> RECEIVE <input type="checkbox"/> NOT BE <input type="checkbox"/> CUT <input type="checkbox"/> FALL <input type="checkbox"/> MAKE <input type="checkbox"/> BREATHE	<input type="checkbox"/> PARTICLES <input type="checkbox"/> ON YOUR FEET <input type="checkbox"/> A LOT OF NOISE <input type="checkbox"/> ON YOUR HEAD <input type="checkbox"/> YOUR HAND <input type="checkbox"/> VISIBLE <input type="checkbox"/> YOUR LEGS
PPE N°8	<input type="checkbox"/> YOU <input type="checkbox"/> AN OBJECT <input type="checkbox"/> A MACHINE		<input type="checkbox"/> RECEIVE <input type="checkbox"/> NOT BE <input type="checkbox"/> CUT <input type="checkbox"/> FALL <input type="checkbox"/> MAKE <input type="checkbox"/> BREATHE	<input type="checkbox"/> PARTICLES <input type="checkbox"/> ON YOUR FEET <input type="checkbox"/> A LOT OF NOISE <input type="checkbox"/> ON YOUR HEAD <input type="checkbox"/> YOUR HAND <input type="checkbox"/> VISIBLE <input type="checkbox"/> YOUR LEGS


B) PRODUCT CATEGORIES


			
			
			


SITE SAFETY





The following approved PPE must be on this site at all times
















All visitors and delivery drivers must report to the site office