TOOLBOX TALK

EYE PROTECTION

On average, 1000 injuries to people's eyes occur every day, 75% by impact, 10% by foreign bodies entering the eye (dust) and 15% by burns and chemicals. The majority of these injuries could have been prevented if eye protection had been worn.

Hazards

- Using power tools, i.e. impact drills and reciprocating saws
- Dust and debris left on the scaffold
- Cutting metal material strapping that is under tension

What you should do

- Observe the requirement of mandatory eye protection
- Do not enter designated areas unless you are wearing the stipulated protection
- Ensure the eye protection fits and offers the appropriate protection
- Take care of the equipment issued to you
- Ensure any damaged, lost or unserviceable eye protection is replaced immediately
- If you get something in your eye, get a first aider to remove it
- Eye protection is for protecting your eyes not around your neck or on top of your hard hat.

Further Considerations

When working in weather conditions that impair vision while wearing safety glasses, your immediate action is to contact the site management and raise your concerns. Where agreed you may be asked to carry out a job specific risk assessment that allows the temporary removal of light eye protection only until the rain subsides and then re-adorn your glasses immediately.

When utilising power tools and other impact operations, eye protection is to be worn at all times, regardless of the weather, postpone operations accordingly.

Remember, light eye protection is not suitable for the use of a grinder or disc cutter. Goggles or visors with a polycarbonate lens or screen must be worn.

Further Information

CITB – Construction Site Safety – Module 13

HSE publication – L25 Personal protective equipment at Work

COMMENTS

At Alltask, we take pride in our responsibilities towards our team members, customers and the community

BRIEFING ATTENDANCE EYE PROTECTION

Given by		*Signature*	
Site Location		*Date*	
Start Time		*Finish Time*	

I HAVE READ OR HAVE BEEN BRIEFED AND UNDERSTAND THE BRIEFING THAT HAS BEEN GIVEN TO ME

Name	*Position*	*Date*	*Signature*

Return to Training Dept.
Training Department Action

Recorded ☐ Training Matrix ☐ Documents Filed ☐ Date: .....