



Division 10 **Logistics and Supply**

Chapter 03 - Cleaning, Repair, Replacement and Alterations of Personal Protective Equipment

January 2009

POLICY

This General Order shall set forth the procedure for cleaning, repairing, replacing and altering Personal Protective Equipment (PPE).

DEFINITIONS

PPE – Personal Protective Equipment

Compromised PPE – Any element of PPE that may have a diminished ability to fully protect personnel from burn/injury. This may be due to thermal damage, cuts/rips/tears, damaged/missing hardware, fabric integrity, or cleanliness.

Contaminated PPE – PPE that has been exposed to blood/body fluids, petroleum products, chemicals, pesticides, or any other hazardous materials.

Vendor- The Verified Independent Service Provider (ISP) contracted to provide advanced inspection, cleaning, and alterations/repairs to Department issued PPE.

Verified ISP – A company that has either been 3rd party certified to perform repairs, or has been trained by the element manufacturer in Advanced Cleaning and Advanced Inspection.

Individually Owned Items – Approved PPE, that was not issued by the Department but was purchased by an individual (Only Approved PPE may be worn for Emergency Operations).

PROCEDURES

1. General Provisions

Logistics and Supply is responsible for ensuring that PPE is properly fitted (by lengths and overlap of coat and pants) to an individual before being issued. If alterations are necessary, they must be performed by the Verified ISP (vendor) prior to being issued.

Chief officers/battalion chiefs and station officers shall ensure that PPE will be routinely examined and sent for cleaning, repair, or replacement as necessary, in accordance with NFPA 1851 and NFPA 1971.

All PPE that is sent out for cleaning, repairs, or decontamination shall be evaluated by the appropriate chief officer/battalion chief or safety officer prior to being sent out to the Department's vendor. An Advance Inspection of the gear will be completed by the vendor. Following their evaluation, the vendor will contact Logistics and Supply and a determination will be made whether it is cost effective for the Department to have the PPE cleaned, repaired, or condemned. The criteria used to make the determination will be the age and condition of the PPE.

With the approval of the Duty Chief, a safety officer has the authority to place unsafe/unapproved PPE out-of-service. All potentially compromised PPE of burned or seriously injured personnel shall be collected and sent to the Operational Safety Office for documentation.



2. Cleaning/repair

The general cleaning/repair of PPE shall be handled as follows:

- All PPE shall be inspected by the employee/member and the station officer after each emergency incident to determine if cleaning and/or repairs are needed.
- If cleaning or repairs are necessary, the employee/member's supervisor shall complete a PPE Cleaning/Repair Request (Form #5201) and have it verified and approved by either the Chief Officer/Battalion Chief within the chain of command or the Safety Officer.
- All cleaning and repairs of PPE must be approved by a chief officer/battalion chief, or safety officer.
- The check sheet shall indicate whether the gear needs cleaning and/or repairs. If the gear is in need of repair, the check sheet will clearly indicate the repairs needed.
- Upon approval (w/verified signature), supervisors are to contact Logistics and Supply to arrange for the Department's vendor to clean and/or repair the gear.
- A copy of the signed PPE Cleaning/Repair Request Form (PGC Form #5201) shall be forwarded to Logistics and Supply, attached to the PPE sent to the Vendor, and maintained at the station.

3. Pick-Up and Delivery

On the scheduled day of pick-up, all PPE should be in a designated location inside the fire station. It should be in bags (trash bag, gear bag, etc.) and labeled with the name, ID number, and station number of the individual to whom the PPE is issued. A copy of the signed PPE Cleaning/Repair Request Form must accompany the PPE to be picked up by

the vendor. Unless otherwise communicated, gear pick-up will begin at 0700 hours. The vendor will deliver the gear to the fire station from which it was picked up, no later than 2000 hours on the third day of the cleaning cycle. If alterations or repairs are needed, it will be a 5-7 day turn around time. If a longer turn around time is necessary, the Department's vendor will communicate that to Logistics and Supply, who will make the notifications to the appropriate command and Operational Safety Office.

4. Contaminated/Compromised PPE

PPE that has been contaminated by blood, petroleum products, chemicals, pesticides, or any other hazardous materials are to be handled in the following manner:

- Contaminated PPE is to be bagged in a RED trash bag, or hazard bag, and labeled with the individual's name, ID number, station number and the contaminant.
- Notification to have the PPE picked up is to be made as soon as possible to the Safety Officer, who shall make the proper notification to Logistics and Supply.

The PPE worn by personnel, who have received burns or serious injuries requiring treatment at a hospital, is considered compromised until it has been appropriately inspected and documented by the Operational Safety Office.

The Safety Officer is responsible to collect the gear of a burned/injured firefighter and will coordinate cleaning, repair and replacement of their gear with Logistics and Supply. Individually owned items will be returned after inspection and documentation is completed.



5. Condemned PPE

Upon notification regarding condemnation of any piece of PPE, Logistics and Supply shall notify the appropriate command and the Operational Safety Office.

Condemned PPE (red tagged) will be held at Logistics and Supply for disposal, and personnel will be advised to report to Logistics and Supply for replacement PPE. The employee/member will be issued new PPE. If alterations are necessary, the PPE will be sent to the vendor and the employee is required to report to the vendor for appropriate fitting. Once alterations are completed, the PPE will be delivered to the station.

6. Replacement

All PPE issued to career and volunteer personnel are the property of the Prince George's County Government. Gear that is no longer usable shall be returned to Logistics and Supply. Personnel leaving the Fire/EMS Department must return all issued PPE.

Lost or stolen PPE, whether entire or portions thereof, must be reported, in writing, to Logistics and Supply and a Loss and Damage Report (Form # 556) will be completed and turned in to Logistics and Supply.

The individual in need of replacement gear shall complete Clothing Request (P.G.C. Form #1362). The Station Officer shall verify the need for the replacement before approving the request. The approved Clothing Request will be forwarded to the Chief Officer/Battalion Chief within the chain of command for approval and documentation. The original and other attached copies will be returned to the employee. The employee then presents the approved form, along with the

items to be exchanged on a one-for-one basis to Logistics and Supply.

Any request or need for PPE (running coat, pant, helmet, etc.) after 1530 hours Monday through Friday, and on weekends, should be directed via the Duty Chief to the Logistics and Supply Manager.

This is applicable only in an emergency situation, when gear is damaged after normal business hours and it is anticipated that the member might return to duty before the next business day.

All returned items shall come under the scrutiny of the Logistics and Supply Manager for final approval of the exchange.

7. Alterations

The Department will only be responsible for alterations to PPE pertaining to safety. This includes length of sleeves and pants, 2" overlap of coat and pants, and issues related to appropriate fitting and/or safety requirements of the garment. Any other alterations, including but not limited to, radio pockets, accommodations for flashlights, etc. shall be done at the employee/member's own expense.

8. PPE for Specialty Teams and Personnel Assigned to FETA.

Cleaning, repair, replacement and alterations of PPE for personnel assigned to an authorized specialty team(s) (i.e. Marine Division, High Angle Rescue and Recovery, Bomb Squad, etc.) or the Fire/Emergency Medical Services Training Academy, will be coordinated through the Logistics and Supply office.

REFERENCES

NFPA 1970



NFPA 1851

FORMS/ATTACHMENTS

Attachment #1– Notice of Loss and Damage
Report (PGC Form 556)

Attachment # 2– Clothing Request (PGC
Form #1362)

Attachment # 3 – PPE Cleaning/Repair
Request Form (PGC Form #5201)

Attachment # 4 – PPE Inspection/Tracking
Form (PGC Form #4057)

PRINCE GEORGE'S COUNTY GOVERNMENT

NOTICE OF LOSS OR DAMAGE REPORT

DEPARTMENT FIRE	CODE NO.										
DATE OF LOSS OR DAMAGE	DO NOT WRITE IN THIS SPACE										
<table style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 60%; text-align: left; padding: 5px;">PROPERTY AFFECTED</th> <th style="width: 40%; text-align: left; padding: 5px;">ESTIMATE OF LOSS</th> </tr> <tr> <td style="padding: 5px;">BUILDING OR STRUCTURE <input type="checkbox"/> \$</td> <td style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;">MOTOR VEHICLE <input type="checkbox"/> \$</td> <td style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;">OTHER PROPERTY <input type="checkbox"/> \$</td> <td style="padding: 5px;"></td> </tr> </table>	PROPERTY AFFECTED	ESTIMATE OF LOSS	BUILDING OR STRUCTURE <input type="checkbox"/> \$		MOTOR VEHICLE <input type="checkbox"/> \$		OTHER PROPERTY <input type="checkbox"/> \$		FILE NO.		
PROPERTY AFFECTED	ESTIMATE OF LOSS										
BUILDING OR STRUCTURE <input type="checkbox"/> \$											
MOTOR VEHICLE <input type="checkbox"/> \$											
OTHER PROPERTY <input type="checkbox"/> \$											
DATE RECORDED											
COVERAGE PERIOD											
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; border-right: 1px solid black; padding: 5px;">ACTION TAKEN</td> <td style="width: 20%; border-right: 1px solid black; padding: 5px;">Adjust</td> <td style="width: 20%; border-right: 1px solid black; padding: 5px;">Subrogate</td> <td style="width: 30%; padding: 5px;">None</td> </tr> </table>				ACTION TAKEN	Adjust	Subrogate	None				
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<table style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 60%; text-align: left; padding: 5px;">TYPE OF LOSS</th> <th style="width: 40%; padding: 5px;"></th> </tr> <tr> <td style="padding: 5px;">FIRE, WINDSTORM, OR OTHER <input type="checkbox"/></td> <td style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;">ACCIDENT OR COLLISION <input type="checkbox"/></td> <td style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;">THEFT <input type="checkbox"/></td> <td style="padding: 5px;"></td> </tr> </table>	TYPE OF LOSS		FIRE, WINDSTORM, OR OTHER <input type="checkbox"/>		ACCIDENT OR COLLISION <input type="checkbox"/>		THEFT <input type="checkbox"/>		DESCRIPTION OF PROPERTY AFFECTED		
TYPE OF LOSS											
FIRE, WINDSTORM, OR OTHER <input type="checkbox"/>											
ACCIDENT OR COLLISION <input type="checkbox"/>											
THEFT <input type="checkbox"/>											
CAUSE OF LOSS OR DAMAGE (Attach Supporting Information)											
DATE 8-3-05	SIGNED _____ TITLE Fire Lieutenant										
DO NOT WRITE – INFORMATION NOTES											
<p style="text-align: center;">FORWARD IN DUPLICATE TO: SAFETY AND INSURANCE MANAGEMENT DIVISION Room 5000, County Administration Building</p>											

CLOTHING REQUEST

Full Name/Rank _____ Date _____

I.D.# _____ Station _____ Authorized _____

A. Turn-Out Gear

Size

Quantity

- | | | |
|----------------------|-------|-------|
| 1. Coat, Bunker | _____ | _____ |
| 2. Boots, 1/2 length | _____ | _____ |
| 3. Helmet | _____ | _____ |
| 4. Goggles/Liner | _____ | _____ |
| 5. Gloves | _____ | _____ |
| 6. Pants, Bunker | _____ | _____ |
| 7. Suspenders | _____ | _____ |
| 8. Nomex Hood | _____ | _____ |

B. Uniform, Work

- | | | |
|----------------------------|-------|-------|
| 1. Pants, Work | _____ | _____ |
| 2. Shirts, S. S. Dark Blue | _____ | _____ |
| 3. Shirts, L. S. Dark Blue | _____ | _____ |
| 4. Belt/Buckle | _____ | _____ |
| 5. Parka, Winter Coat | _____ | _____ |

C. Uniform, Dress

- | | | |
|-----------------------------------|-------|-------|
| 1. Pants, Dress Uniform | _____ | _____ |
| 2. Pants, Dress (Office Only) | _____ | _____ |
| 3. Shirts, S. S. Light Blue/White | _____ | _____ |
| 4. Shirts, L. S. Light Blue/White | _____ | _____ |
| 5. Blouse/Blazer (Insp. Only) | _____ | _____ |
| 6. Hat, Dress/Cover | _____ | _____ |
| 7. Raincoat | _____ | _____ |

D. Insignia Request

1. Collar Pins _____ Badges, Breast _____ Cap _____ Tie Tac _____ PGFD Bar _____

2. Name Plates _____ Rank _____

First Two (2) Initials & Last Name

PPE Cleaning/Repair Request Form

Name: _____ ID #: _____ Volunteer/Career (circle one) Station/Shift: _____

Inspected by: _____ Date of Inspection: _____ Approved by: _____

Does the individual have a 2nd set of PPE available? **COAT:** Yes No **PANTS:** Yes No

COAT Manf. Date: _____ Serial #: _____	COAT Shell (Pass/Fail)	COAT Liner (Pass/Fail)	COMMENTS (Description/Location)
Cleanliness	<input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> P <input type="checkbox"/> F	
Rips, Tears, Cuts, etc	<input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> P <input type="checkbox"/> F	
Damaged or Missing Hardware	<input type="checkbox"/> P <input type="checkbox"/> F		
Flame/Heat Damage	<input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> P <input type="checkbox"/> F	
Stitching/Seam Integrity	<input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> P <input type="checkbox"/> F	
Quilt Stitching Integrity		<input type="checkbox"/> P <input type="checkbox"/> F	
Fabric Integrity	<input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> P <input type="checkbox"/> F	
Wristlet Integrity	<input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> P <input type="checkbox"/> F	
Reflective Trim Damage	<input type="checkbox"/> P <input type="checkbox"/> F		
Reflective Trim Reflectivity	<input type="checkbox"/> P <input type="checkbox"/> F		
Label Integrity/Legibility	<input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> P <input type="checkbox"/> F	
Hook and Loop Functionality	<input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> P <input type="checkbox"/> F	
Liner Attachment Systems	<input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> P <input type="checkbox"/> F	
Closure System Functionality	<input type="checkbox"/> P <input type="checkbox"/> F		
Accessory Integrity	<input type="checkbox"/> P <input type="checkbox"/> F		
Correct Assembly and size of shell, liner, DRD	<input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> P <input type="checkbox"/> F	
DRD cleanliness	<input type="checkbox"/> P <input type="checkbox"/> F		
DRD Integrity/ Physical damage	<input type="checkbox"/> P <input type="checkbox"/> F		
PANTS Manf. Date: _____ Serial #: _____	Pant Shell (Pass/Fail)	Pant Liner (Pass/Fail)	COMMENTS (Description/Location)
Cleanliness	<input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> P <input type="checkbox"/> F	
Rips, Tears, Cuts, etc	<input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> P <input type="checkbox"/> F	
Damaged or Missing Hardware	<input type="checkbox"/> P <input type="checkbox"/> F		
Flame/Heat Damage	<input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> P <input type="checkbox"/> F	
Stitching/Seam Integrity	<input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> P <input type="checkbox"/> F	
Quilt Stitching Integrity		<input type="checkbox"/> P <input type="checkbox"/> F	
Fabric Integrity	<input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> P <input type="checkbox"/> F	
Reflective Trim Damage	<input type="checkbox"/> P <input type="checkbox"/> F		
Reflective Trim Reflectivity	<input type="checkbox"/> P <input type="checkbox"/> F		
Label Integrity/Legibility	<input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> P <input type="checkbox"/> F	
Hook and Loop Functionality	<input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> P <input type="checkbox"/> F	
Liner Attachment Systems	<input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> P <input type="checkbox"/> F	
Closure System Functionality	<input type="checkbox"/> P <input type="checkbox"/> F		
Accessory Integrity	<input type="checkbox"/> P <input type="checkbox"/> F		
Correct Assembly and size of shell, liner	<input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> P <input type="checkbox"/> F	

Vendor Comments: _____



PRINCE GEORGE'S COUNTY FIRE/EMS DEPARTMENT

Personal Protective Equipment

Inspection/Tracking Form #: _____ Put sequential number here

Initial Inspection Date: _____

Reason for Inspection (circle one):

Employee/Member Injury PPE Failure/Condition Safety Issue (specify): _____

Name (Last, First, MI): _____ PGFD ID#: _____ Co #: _____

Injury Type (circle as applicable):

Sprain/Strain/Fracture Soft Tissue Injury Burn Respiratory Other (specify): _____

Description of Injured Area and Degree of Injury (specify): _____

Incident # _____ Incident Address: _____

PPE Information				On Scene Inspection		QA Office Inspection				Logistics Follow-up				
ITEM	Serial Number and/or Style	County Owned	Individually Owned	Collected & Sent to Safety Office	Inspected & Returned - OK	Condition		Disposition		Temporary Replacement PPE Issued	Condemned PPE Replaced	Damaged PPE Sent for Repair	Damaged PPE Repaired/Returned	PPE Retained/Stored at Logistics
						Condemned - Needs Replacement	Damaged - Needs Repair/Cleaning	Returned to Employee	Forwarded to Logistics					
COAT														
PANTS														
BOOTS														
GLOVES														
HOOD														
EYE Protection														
SCBA Facepiece														
HELMET														

On Scene inspection completed by: _____ Date: _____

QA PPE inspection completed by: _____ Date: _____

PPE delivered to Logistics by: _____ Date: _____

Individually owned PPE returned by: _____ Date: _____

Logistics PPE replacement/repair-return/storage completed by: _____ Date: _____

DISTRIBUTION: WHITE: QA Office

Canary:Logistics/Gear Replacement

GREEN: Logistics via QA Office

PINK: Employee/Member

P.G.C. Form #4057 (Revised 6/03)