



Train. Protect. Prevent.

Flying Objects - *The One Eyed Carpenter*

A carpenter asked his employer to pay for the damage done to his glass eye which was broken when a nail he had been driving flew up and struck it. When he was asked how he lost the eye in the first place he replied, "Oh, the same way, a flying nail." A dark world awaits this carpenter if the next nail hits his other eye before he decides to use safety glasses. It may be difficult getting used to eye protection, but have you tried getting used to a glass eye?

There are two kinds of foreign particles that can get in your eyes on job sites. The first type is wind-carried material like:

- Sawdust
- Dirt
- Rust, etc.

Although a bother, these aren't as serious as the other type: namely high-speed chips that go flying when a hard material contacts another hard material. Some examples include:

- A jackhammer breaking rock or concrete
- Drilling, scaling, or reaming steel
- Cutting masonry products with a powered saw
- Demolishing walls or ceilings
- Striking a chisel or punch with a hammer
- Using a powder actuated gun into steel or concrete
- Cutting with a portable circular saw

And don't forget working with molten materials:

- Soldering
- Socketing wire rope end connections

Eye Protection Can Be:

- Safety glasses
- Safety goggles
- Face shields
- Prescription glasses with safety lenses

Each has a different use depending on whatever conditions exist for your particular job site. It is very important to make sure that your eye wear fits correctly. Remember that proper ventilation and sprays can help reduce fogging.

Eye Protection Tips:

- To prevent scratching the lens, take care when setting your eye protection down or putting them away for the day.
- Replace the lens or get new glasses when scratches on the lens become noticeable
- Clean eye protection regularly at the eye protection cleaning station, if available. Or use water and a soft absorbent towel such as a paper towel. Don't use your shirt or a rag that collects and holds dirt, it will scratch the lens.



Work Site Review: Hazards/Safety Suggestions

Company Name: _____

Work Site Location: _____

Date: _____ Start Time: _____ Finish Time: _____

Foreman/Supervisor: _____

Employee Signatures: (continue on back of sheet if necessary)

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(My signature attests and verifies my understanding of and agreement to comply with, all company safety policies and regulations, and that I have not suffered, experienced, or sustained any recent job-related injury or illness)

Manager/Supervisor's Signature: _____

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