

PPE Compliance Inspection

Facility Name

Date

Inspector

INSTRUCTIONS

This checklist is designed to ensure compliance with Personal Protective Equipment (PPE) requirements in the workplace. Carefully review each item and mark the corresponding checkbox for compliance or note any issues identified. Use the "Notes/Issues" section to provide additional details and actions required.

1. EMPLOYEE TRAINING AND AWARENESS

All employees are trained on the proper use of PPE.

Yes No NA

Training records are maintained for each employee.

Yes No NA

Employees are aware of the specific PPE required for their job tasks.

Yes No NA

Training includes PPE selection, fitting, and maintenance.

Yes No NA

Action required, if any:

2. PPE AVAILABILITY

Adequate and appropriate PPE is available for all job tasks.

Yes No NA

PPE is in good condition and free from damage or defects.

Yes No NA

There are enough sizes and options to fit all employees.

Yes No NA

PPE is easily accessible in designated storage areas.

Yes No NA

Action required, if any:

3. HEAD PROTECTION

Hard hats are worn in areas where there is a risk of head injury.

Yes No NA

Hard hats are in good condition and properly adjusted.

Yes No NA

Employees with long hair secure it properly under the hard hat.

Yes No NA

Hard hats are inspected regularly for signs of wear or damage.

Yes No NA

Action required, if any:

4. EYE AND FACE PROTECTION

Safety glasses or goggles are worn when there is a risk of eye injury. Yes No NA

Face shields are used when additional face protection is required. Yes No NA

Prescription safety glasses are provided as needed. Yes No NA

Eye protection is properly cleaned and maintained. Yes No NA

Action required, if any:

5. HEARING PROTECTION

Earplugs or earmuffs are used in noisy work environments. Yes No NA

Noise levels are monitored regularly to determine the need for hearing protection. Yes No NA

Hearing protection is correctly fitted and worn at all times in designated areas. Yes No NA

Employees are trained on the importance of wearing hearing protection. Yes No NA

Action required, if any:

6. HAND AND ARM PROTECTION

Gloves are worn when handling hazardous materials or sharp objects. Yes No NA

The appropriate type of gloves is used for specific tasks. Yes No NA

Gloves are inspected before each use and replaced if damaged. Yes No NA

Employees are aware of the limitations of their gloves and potential risks. Yes No NA

Action required, if any:

7. FOOT PROTECTION

Safety shoes or boots are worn in areas with foot hazards. Yes No NA

The footwear meets relevant safety standards and is appropriate for the job. Yes No NA

Employees with foot injuries or open wounds properly cover them. Yes No NA

Footwear is inspected regularly for wear and tear. Yes No NA

Action required, if any:

8. RESPIRATORY PROTECTION

Respirators are provided for tasks that require respiratory protection. Yes No NA

Employees are fit-tested for their respirators and trained on their use. Yes No NA

Respirators are regularly inspected, cleaned, and replaced as needed. Yes No NA

A written respiratory protection program is in place and followed. Yes No NA

Action required, if any:

9. HIGH VISIBILITY CLOTHING

High-visibility vests or clothing are worn in areas with moving equipment or vehicles. Yes No NA

High-visibility clothing meets relevant safety standards. Yes No NA

The clothing is clean, visible, and free from damage. Yes No NA

Employees are trained on when and where to wear high-visibility clothing. Yes No NA

Action required, if any:

10. FALL PROTECTION

Fall protection equipment is provided for tasks at height. Yes No NA

Employees are trained on the proper use of fall protection devices. Yes No NA

Fall protection systems are inspected and tested regularly. Yes No NA

Anchor points and connectors are secure and suitable for the task. Yes No NA

Action required, if any:

NOTES/ISSUES

[Insert any additional notes or issues identified during the inspection]

STATEMENT OF APPROVAL

I hereby certify that I have conducted the above inspection and that the information provided is accurate to the best of my knowledge.

Inspector's Name :

Signature :

Date :

APPROVED BY

Name :

Signature :

Date :