

OSHA Personal Protective Equipment (PPE) Inspection

Workplace Name/Location

Date of Inspection

Inspector's Name

INSTRUCTIONS:

This checklist is designed to ensure compliance with OSHA's Personal Protective Equipment Standard (29 CFR 1910.132) to protect workers from workplace hazards. Carefully review each item and mark the corresponding checkbox to indicate compliance or note any observations and areas for improvement. Use the "Notes/Observations" section to provide additional details, corrective actions, and any required follow-up.

HAZARD ASSESSMENT

Hazards Identified: Review workplace hazards that require the use of PPE.

Yes No NA

PPE Selection: Check if appropriate PPE is selected based on the identified hazards.

Yes No NA

PPE Availability: Ensure that the necessary PPE is readily available for employees.

Yes No NA

Observations / Notes /
Corrective actions, if any:

PPE SELECTION AND USE

PPE Use Training: Verify that employees are trained on the proper use of PPE.

Yes No NA

Suitable PPE: Ensure that the selected PPE is suitable for the specific hazard.

Yes No NA

Compatibility: Check that PPE components are compatible when used together.

Yes No NA

Observations / Notes /
Corrective actions, if any:

HEAD PROTECTION

Hard Hats: Inspect hard hats for signs of damage and proper fit.

Yes No NA

Hard Hat Labels: Verify that hard hats have appropriate ANSI/ISEA Z89.1 labels.

Yes No NA

Bump Caps: Check if bump caps are provided where hard hats are not required but head protection is needed.

Yes No NA

Observations / Notes /
Corrective actions, if any:

OPERATING CONDITIONS

Safety Glasses/Goggles: Inspect safety glasses/goggles for damage and proper fit. Yes No NA

Face Shields: Check face shields for signs of damage and proper use. Yes No NA

Welding Protection: Ensure that welding shields and goggles are provided for welding activities. Yes No NA

Observations / Notes /
Corrective actions, if any:

FORKLIFT SPEED AND BRAKING

Noise Exposure Assessment: Review the workplace for noise hazards that require hearing protection. Yes No NA

Hearing Protectors: Check if appropriate hearing protectors are provided and used correctly. Yes No NA

Training: Verify that employees are trained on the proper use and care of hearing protection. Yes No NA

Observations / Notes /
Corrective actions, if any:

HAND AND ARM PROTECTION

Glove Selection: Ensure that appropriate gloves are provided for specific tasks and hazards. Yes No NA

Glove Condition: Inspect gloves for signs of wear or damage. Yes No NA

Cut-Resistant Gloves: Check if cut-resistant gloves are used where needed. Yes No NA

Observations / Notes /
Corrective actions, if any:

FOOT AND LEG PROTECTION

Footwear Selection: Verify that appropriate footwear is provided for foot protection. Yes No NA

Safety Toe: Ensure that safety-toe shoes are used where required. Yes No NA

Slip-Resistant: Check if slip-resistant footwear is provided for slippery surfaces. Yes No NA

Observations / Notes /
Corrective actions, if any:

RESPIRATORY PROTECTION

Respirator Selection: Inspect respirators to ensure they are suitable for the specific hazards.

Yes No NA

Fit Testing: Check if employees are fit-tested for tight-fitting respirators.

Yes No NA

Medical Evaluation: Ensure that employees undergo a medical evaluation before respirator use.

Yes No NA

Observations / Notes /
Corrective actions, if any:

ADDITIONAL NOTES/OBSERVATIONS

[Insert any additional notes or PPE checklist observations made during the inspection]

STATEMENT OF INSPECTION

I hereby certify that I have conducted the above OSHA Personal Protective Equipment (PPE) checklist inspection and that the workplace is in compliance with OSHA's Personal Protective Equipment Standard. Any identified issues have been documented, and necessary corrective actions have been recommended.

Inspector's Name :

Signature :

Date :

APPROVED BY

Name :

Signature :

Date :